

## **Central Carolina Dermatology Clinic, Inc.**

### Notice of Privacy Practices

**This Notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.**

Protected health information is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related healthcare services.

We are required by law to follow the practices described in this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information including health information we created or received before we made the changes. Any revisions made to this Notice will be promptly posted at the Registration Desk.

We may disclose your protected health information for each of the following purposes; treatment, payment and healthcare operations.

**Treatment** means providing, managing and coordinating your healthcare and related services by one or more healthcare providers. An example of this would be a screening for skin cancers.

**Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be submitting a claim to your health insurance company.

**Healthcare operations** include the business aspects of running the practice. These activities include, but are not limited to, quality assessment, improvement activities, customer service, auditing functions and cost-management analysis. An example of this would be an internal auditing for proper coding.

We will share your information with business associates that perform specific functions for our practice such as billing. When a business arrangement requires the use of your protected health information, we will have a written contract with the business associate to protect your privacy.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may call you by name in the waiting area when we are ready to begin your treatment,

We may contact you to provide appointment reminders, test results or alternatives for treatment.

We may disclose your protected health information in a case of emergency to notify a family member, friend or personal representative for your care of your location, general condition or death.

**TREATMENT OF MINORS:** A parent or legal guardian must accompany a minor at the first appointment. If the parent/legal guardian desires that another family member or friend bring the child on subsequent visits, an AUTHORIZATION FOR RELEASE OF INFORMATION must be signed designating these individuals as approved by the parent/legal guardian. This authorization may be revoked at any time, in writing, except to the extent that an action has already been taken in reliance on the authorization.

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We may use or disclose your protected health information as required by law. These situations may include:

We may disclose your information to a public health authority for the purpose of controlling disease, injury or disability. Additionally, we may disclose information, if authorized by law, to a person who may be at risk of contracting, spreading or who may have been exposed to a communicable disease.

We may disclose information to law enforcement officers when proper legal requirements are met,

We may disclose information to a public health authority that is authorized to receive reports of abuse or neglect.

We may disclose information authorized to comply with workers' compensation laws.

We may disclose information to the military authorities under appropriate conditions if you are in the Armed Forces. We may also disclose information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

**You have the following rights with respect to your protected health information, which you may exercise by presenting a written request to our Privacy Officer.**

1. You have the right to obtain a copy and/or inspect your health information.
2. You have the right to request restrictions on certain uses and disclosures of your protected health information, including those related to disclosures to family, friends, or any other person identified by you. We are not required to agree to any restrictions but if we do, we are obligated to abide by the agreement except in cases of emergency,
3. You have the right to reasonable request to receive confidential communications by alternative means or at an alternative location.
4. You have the right to amend your protected health information.
5. You have the right to receive an accounting of disclosures of protected health information,.
6. You have the right to obtain a paper copy of this notice from us upon request.

### **Questions and Complaints**

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to health information or any other request you have made in the exercise of your rights, you may send your complaint to us using the information below. You may also submit a written complaint to the Secretary of Health and Human Services. Contact us for the address.. We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

Contact our office: Privacy Officer  
Central Carolina Dermatology  
404 Westwood Ave., Suite 107  
High Point, NC 27262

Phone: 336-887-3195  
Fax: 336-8.87-3194