

NOTICE OF PRIVACY PRACTICE

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please contact any staff member at the office.

Current federal healthcare law, called the **Health Insurance Portability and Accountability Act (HIPPA) Rule**, provides specific requirements aimed at protecting your privacy. This practice values the importance of trust and privacy involved in the physician-patient relationship and is committed to complying with these and all other regulations pertaining to your privacy. We have provided this general information about the Privacy Rule to help you better understand your privacy rights and our role in protecting those rights.

What is the Privacy Rule?

The Privacy Rule is a federal law requiring doctors and others involved in providing your Healthcare to develop procedures regarding the use and release of your health information. It requires that our privacy practices, called *Notice of Privacy Practices*, be shared with you.

Who will follow this notice?

The practice of Florida Skin Cancer Center provides healthcare to our patients and clients in partnership with physicians and other professional organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you here at this office/clinic.
- All full, part time, or contractual employees and volunteers, including students affiliating with this office/clinic.
- Any business associate or partner of Florida Skin Cancer Center with whom we share health information.

Our pledge to you:

We value you as a client and appreciate the opportunity to serve you. We are committed to protecting health information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all the records of your care that we maintain, whether created by our staff or your personal physician. By law, we are required to:

- Keep health information about you private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this notice:

We may change our policies at any time. Changes will apply to health information we already hold and to the future information after the change occurs. Before we make significant change to our policies, we will alter our notice and post the new notice for public view. You can receive a copy of the notice at any time. You will be offered a copy of our current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose your personal health information:

PHI - Protected Health Information

This includes any individually identifiable information about your past, present or future physical or mental health or information related to the provision or payment of healthcare. Your personal information including social security number, birth date, and address are also protected.

- We may use and disclose health information about you for any purpose regarding your **treatment**, to obtain **payment for treatment** (such as comparing practice patterns to improve treatment methods.)
- We may use and disclose health information about you without your prior authorization for several other reasons, subject to certain requirements: for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, worker's compensation purposes, law enforcement, and emergencies**. We also disclose health information **when required by law** (such as in response to valid judicial or administrative orders.)
- We also may contact you by email, U.S. mail, phone and cellular, or text message for appointment reminders, or to tell you about or recommend **possible treatment options, alternative, health related benefits, or durable medical goods** that may be of interest to you. By providing your email and phone

number(s) you are consenting to contact by e-mail, phone call and/or text message. We may contact you to remind you of an appointment, to obtain feedback on your experience with our team, and to provide general health and wellness reminders. Message frequency will vary. Your consent acknowledges that the security risks involved with these methods of communication are understood. You may opt out from contact by email or text by notifying us in writing.

- We may disclose health information about you to a **friend or family member who is involved with your medical care**. If you have designated them to receive information.
- You will be required to sign a release of information form if you want copies of your PHI sent outside our office or released directly to you. You can request that your PHI be sent to you via electronic mail but must acknowledge in writing that the risk of unauthorized disclosure is understood and that you assume all risk related to your request. You have the right to revoke the authorization at any time.
- Our office may contact you with results of biopsy or lab work by letter or with a personal phone call. We may leave a detailed message on your voice mail or communicate the results to your spouse, family member or individual involved in your care.

Other uses of health information:

We will ask for your written authorization before using or disclosing health information about you in any other situation not covered by this notice. If you choose to authorize use of disclosures, you can later revoke that authorization by notifying us in writing of your decision.

How does HIPAA help protect my privacy?

- It gives you more control over your health information.
- It sets boundaries on the use and release of health records.
- It establishes safeguards to protect the privacy of health information.
- It holds violators accountable.
- It enables you to find out how your information may be used and what releases of information have been made.
- It limits release of information to the minimum needed to accomplish the purpose for the release.
- It gives you the right to examine and obtain a copy of your health records and request that corrections or amendments be made.

Your rights regarding personal health information:

- In most cases you have the right to look at or get a copy of health information that we use to make decisions about your care, after submitting a written request.
- We may charge a fee for the cost of copying, mailing, or related supplies. If we deny your request to review or obtain a copy of your health record, you may submit a written request for a review of that decision.
- If you think that information in your record is incomplete or incorrect, you have the right to ask that we correct the records by submitting a request in writing including the reason for why the record should be amended. We would deny the request in cases when the information was not created by us, not part of the information maintained by us, or if we determine that the record was accurate. You may appeal in writing a decision not to amend your record.
- **You have the right to a listing of those instances where we have disclosed medical information about you**, other than for treatment, payment, or health care operations, or where you specifically authorized the disclosure. You must submit a written request stating the time period desired for the accounting, which must be less than a six-year period and starting after April 14, 2003. The first disclosure list in a 12-month period is free. We will inform you before you incur charges for a subsequent list.
- **You are entitled to receive notifications of breach of your unsecured PHI under certain circumstances.**
- **You have the right to request restrictions on certain uses and disclosures.** Requests must be in writing. The information you want restricted, how it should be restricted, and to whom and how long the restriction applies must be clearly and concisely included in the request. You also have the right to restrict certain disclosures of PHI to a health care plan where the individual pays out of pocket in full for the health care item or service.

- **You have a right to a paper copy of this notice.**
- **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing.

You may request in writing that we not use or disclose your health information for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency.

We are not legally required to accept your request but will consider it and inform you of our decision.

All written requests or appeals should be submitted to: 151 Sawgrass Corners Drive, Suite 102, Ponte Vedra Beach, FL 32082.

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Privacy Officer who is the Practice Administrator at 151 Sawgrass Corners Drive, Suite 201, Ponte Vedra Beach, FL 32082.
- Finally, you may send a written complaint, request a copy of the HIPAA Privacy rule or additional information about the rule at:

U. S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
202-619-0257 or 877-696-6775
www.hhs.gov/ocr/hipaa

- Under no circumstances will you be retaliated against or penalized in any way.