

**NOTE: The HIPPA Notice is for your records only. You do not need to bring to your appointment. Please review only!**

## **Perri Skin Care/Surgical Specialties**

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### **HIPPA Notice of Privacy Practices**

Effective date of this notice: April 14, 2003

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you that relates to your past, present, or future physical or mental health or condition and related health care service. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at the number listed above.

**Uses and Disclosures of Protected Health Information** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use by law.

**Treatment** We will use and disclose your PHI to provide, coordinate, and/or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you. Your PHI may be disclosed to a provider to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conduction or arrangement for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your physician is ready to see you. We may disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI in the following situations without your authorization. These situations include, but are not limited to, as required by law: Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration Requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates. Required Uses and Disclosures, under the law, we must disclose to you and when required by The Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** Will be made only with your consent, authorization, or opportunity to object unless required by law.

**You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights** Following is a statement of your rights with respect to your PHI.

**You have the right to request and copy your PHI** Under federal law; however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

**You have the right to request a restriction of your PHI** This means you may ask us not to disclose any part of your PHI for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us**, upon request even if you have agreed to accept this notice alternatively i.e. electronically.

**You may have the right to have your physician amend your PHI** If we deny your request for amendment, you have the right to file a statement and provide you with a copy of such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI** We reserve the right to change the terms of this notice and will inform you at your next office visit of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints** You may complain to us or the secretary of Health and Human Services if you believe your primary rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.