

## HIPAA Notice of Privacy Practices

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### **Dermatology Associates PC/Beth Honl, M.D.**

4141 31st Ave So. Suite 103, Fargo, ND 58104. 701- 478-7747

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

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 protected health information. "Protected health information" 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 services.

#### **1. 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, paying your health care bills, supporting the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, 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 protected health information, as necessary, to a home health agency that provides care to you. We also would provide your protected health information to a physician 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 certain medication may require that your relevant protected health information be disclosed to the health plan to obtain approval for the medication.

**Healthcare Operations:** We may use or disclose your PHI, as needed, 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 or residents; licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students or residents 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 the name of your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Required by Law:** We may use or disclose your PHI in certain situations required by law without your authorization. These situations include: Public Health issues as required by law; Communicable Diseases; Health Oversight Agencies; Suspicion or Reporting of Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates of Correctional Facilities; or other Required Uses and Disclosures. Under the law, we must make disclosures to you and to the Secretary of the Department of Health and Human Services when required 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 accordance with the use or disclosure indicated in the authorization.

## **2. Your Rights:**

Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect, copy or request an electronic copy of your protected health information.** We may charge you a reasonable fee for copies. However, under federal law, 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 protected health information that is subject to law that prohibits access to protected health information. Electronic health information will be provided within 30 days of requesting it, with one 30 day extension permitted.

**You have the right to request a restriction of your protected health information.** This means that you may ask us not to use or 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 the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You have the right to restrict PHI such as a lab test or treatment that has been paid out-of-pocket by you from your insurance company. You will need to fill out a request form (provided by our staff) to request these restrictions.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to choose 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 request that your physician to amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made regarding your protected health information.**

We reserve the right to change the terms of this notice. You then have the right to object or withdraw as provided in this notice.

### **Complaints:**

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

This notice was published and becomes effective on or before April 14, 2003. It was revised September 12<sup>th</sup>, 2013.

We are required by law to maintain the privacy of your PHI, and to 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 our Main Phone Number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Signature: