

# NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. (Effective: 4/14/2003 Revised: 7/30/2017)

## Understanding Your Health

### Record/Information

Each time you visit Bee Caves Dermatology a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This record may be maintained in an electronic or paper format and will be disclosed in a paper format. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health care professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third party payer can verify that services billed were actually provided.
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your protected health information (PHI) is used helps you to:

- Confirm its accuracy
- Better understand who, what, when, where, and why others may access your PHI.
- Make more informed decisions when authorizing disclosure to others.

Your record may be maintained electronically and the PHI contained in the record may be disclosed electronically in the manners permitted by the notice of privacy practices.

## Your Individual Rights

Although your health record is the physical property of Bee Caves Dermatology, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- Request that we not use or disclose your PHI to your health plan when you have paid out of pocket in full for a health care item or service unless the disclosure is required by law.
- Obtain a paper copy of the notice of privacy practices upon request.
- Inspect and copy your PHI
- Request an electronic copy of your PHI for yourself or for a third party.
- Request an amendment to your PHI.
- Obtain an accounting of disclosures of your PHI.
- Request confidential communications of your PHI by alternative means or at alternative locations.
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

## Our Responsibilities

Bee Caves Dermatology is required by law to:

- Maintain the privacy of your PHI
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by terms of the notice currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## Breach Notification:

Bee Caves Dermatology will notify affected individuals following a breach of unsecured PHI. A breach is an unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI. Bee Caves Dermatology will disclose any breach of system security after discovering or receiving notification of the breach, to any individual whose sensitive personal information was, or is reasonably believed to have been, acquired by an unauthorized person.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended notice of privacy practices in our office and our website. You may request that a copy be provided to you by contacting our Privacy Officer at 512-329-6090.

## Examples of Uses & Disclosures for Treatment, Payment & Health Care Operations

**We will use your protected health information (PHI) for treatment.**

**For example:** We will use your protected health information (PHI) for treatment. Treatment includes the provision, coordination, and management of your healthcare. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Bee Caves Dermatology will share your information with other providers such as other specialists to whom you are referred for treatment purposes.

**We will use your PHI for payment**

**For example:** We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or a third party for health care services we provide. This may also include the disclosure of medical information to obtain prior authorization for treatment, prescriptions

and procedures from your insurance plan. If, however, you pay for an item or service in full, out of pocket and request that we not disclose to your health plan the medical information solely related to the item or service, your requested restriction must be submitted in writing. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

***We will use your PHI for regular health care operations, including necessary administrative and business functions.***

***For example:*** Members of the medical staff, the risk or quality management manager, or members of the quality management team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and service we provide.

***Business Associates:*** There are some services (such as billing or legal services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associates to keep your PHI confidential and appropriately safeguard your information.

***Communication with Family and Individuals Involved in Your Care***

***or Payment for Your Care:*** Unless your family member is legally authorized to make health care decisions for you, we will not communicate PHI with a family member, without your permission. We may disclose PHI to a friend or family member who is involved in your health care or helps pay for your health care, but will do so as allowed by state and federal law. Prior written authorization will be necessary when releasing PHI to a family member or friend for any reason.

***Psychotherapy Notes, Marketing and Sale of Medical Information:***

Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes, and disclosures that constitute a "sale of medical information" under HIPAA require your authorization.

***Funeral Directors, Coroners, and***

***Medical Examiners:*** We may disclose to other parties as required by law such as funeral directors, coroners, or medical examiners. This may be necessary, for example, to identify a deceased person or determine cause of death.

***Organ Procurement***

***Organizations:*** If you have formally indicated your desire to be an organ donor, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Administrative and Operational***

***Communications:*** We may use and disclose PHI, in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information. We may use and disclose PHI to tell you about health-related benefits or services that we believe may be of interest to you.

***To Avert an Imminent Threat of Injury to Health or Safety:***

We may use and disclose PHI about you when necessary to prevent or decrease a serious and imminent threat or injury to your physical, mental or emotional health or safety or the physical safety of another person. Such disclosure would only be to medical or law enforcement personnel.

***Military and Veterans:***

If you are a member of the armed forces, we may use and disclose PHI about you as required by the appropriate military authorities.

***Legal Matters:***

If you are involved in a lawsuit or a legal dispute, we may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your PHI, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

***Inmates:***

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose PHI about you to the health care personnel of a correctional institution as necessary for the

institution to provide you with health care treatment.

***Public Health Risks, Health Oversight Activities and Law Enforcement, National Security***

***and Intelligence Activities:*** We may disclose PHI about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities, such as the Texas Department of State Health Services. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws. In certain circumstances, we may disclose your PHI if we are asked to do so by law enforcement officials, or if we are required by law to do so. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

***As Required by Law:***

We will disclose PHI about you when required to do so by federal, state, or local law.

Any use or disclosure of PHI other than described above will be made with your written authorization. If you provide authorization for us to use or disclose your PHI, you may revoke that authorization, in writing at any time.

***Complaints:*** If you believe that your privacy rights as described in this Notice have been violated, you may file a complaint with the Practice at the following address and phone number: Attn: HIPAA Officer 5656 Bee Caves Rd, Bldg. D Ste 203, West Lake Hills, Texas 78746 (512)329-6090.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We will post a copy of the current notice, along with an announcement that changes have been made, as applicable, in our office. You may request a revised copy by sending a letter to the Practice's HIPAA Officer or by asking the office receptionist for a current copy of the Notice.