



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

## INTRODUCTION

At Apex Dermatology, we are committed to treating and using protected healthcare information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice applies to all protected health information as defined by federal regulations.

## UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Apex Dermatology, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. 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 healthcare professionals who contribute to your care
- Legal document describing the care you received
- Verification that services billed were actually provided
- A tool in educating healthcare professionals
- A source of data for medical research
- A source of data for our planning and marketing
- Information for public health officials charged with improving the health of this state and nation
- Tool to assess and improve the care we render and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to insure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## YOUR HEALTH INFORMATION RIGHTS

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

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided in 45 CFR 164.524.
- Request we amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of certain disclosures of your health record as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

## OUR RESPONSIBILITIES

Apex Dermatology us required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- 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.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice of privacy policies.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

*For treatment:* Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that will work for you. Your physician will document in your record his/her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We may also provide other physicians or subsequent health care providers with copies of various reports that should assist him/her in treating you.

*For Payment:* 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.

*For Regular Health Operations:* Your information may be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.