



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.

The Health Insurance Portability and Accountability Act (HIPAA; "Act") of 1996, revised in 2013, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to maintain these records of your health care and to maintain confidentiality of these records.

How we typically use or share your health information

- **Treatment:** We may disclose your protected health information to you and to our staff or to other health care providers in order to get you the care you need. This includes information that may go to the pharmacy to get your prescription filled, to a diagnostic center to assist with your diagnosis, or to the hospital should you need to be admitted. If necessary to ensure that you get this care, we may also discuss the minimum necessary with friends or family members involved in your care unless you request otherwise.
- **Payment:** We may send information to you or to your health plan in order to receive payment for the service or item we delivered. We may discuss the minimum necessary with friends or family members involved in your payment unless you request otherwise.
- **Health operations:** We are allowed to use or disclose your protected health information to train new health care workers, to evaluate the health care delivered, to improve our business development, or for other internal needs.
- **Comply with the law:** We are required to disclose information as required by law, such as public health regulations, health care oversight activities, certain law suits and law enforcement.

You have choices how your health information is shared in certain situations

Certain ways that your protected health information might be shared requires an authorization from you. We cannot share your protected health information for the following circumstances without a signed and dated authorization.

- Share your information with family, close friends or others involved in your care.
- Share your information in a disaster relief situation.
- Share your information with your employer or school.
- Share your information for marketing purposes or uses that constitute a sale.*
- Sharing of any Psychotherapy notes.*
- Include you in a hospital directory.*
- Contact you for fund raising efforts.*

****Coastal Skin Surgery and Dermatology does not utilize health information for marketing, create or maintain psychotherapy notes, create or maintain a hospital directory nor do we fund raise.***

Your rights when it comes to your health information

You have several rights concerning your protected health information. When you wish to use one of these rights, please inform our office so that we may give you the correct form for documenting your request.

- **You have the right to view your records and/or to receive a copy of your records:** You may request to see or obtain a copy of your health information either by electronic means or paper. Your request must be in writing, and we must verify your identity before allowing the requested access. We will provide a copy within 30 days of your request. We may charge you our cost for making and providing the copy. If your request is denied, you may request a review of this denial by a licensed health care provider.
- **You have the right to limit what we use:** You may request that we do not use your protected health information for treatment, payment, and health operations. We are not required to agree to this request and may say no if it would affect your care.
If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your insurer. We will say yes unless a law requires us to share that information. For example, we are required to submit information to federal health plans and managed care organizations even if you request a restriction. We must have your restriction documented prior to initiating the service. We are not required to inform other covered entities of this request, but we are not allowed to use or disclose information that has been restricted to business associates that may disclose the information to the health plan.
- **You have the right to request confidential communications:** For example, you may prefer that we call your cell phone number rather than your home phone. These requests must be in writing, may be revoked in writing, and must give us an effective means of communication for us to comply. If the alternate means of communications incurs additional cost, that cost will be passed on to you.
- **You have the right to request an amendment to your medical records:** Your medical records are legal documents that provide crucial information regarding your care. You can ask us to correct your health information that you think is incorrect or incomplete, but you must make this request in writing and understand that we are not required to grant this request.
- **You have the right to request an accounting of disclosures:** This will tell you how we have used or disclosed your protected health information. We are required to inform you of a breach that may have affected your protected health information.
- **You have the right to receive a copy of this notice:** You can have a copy by either electronic or paper or both.

If you have any questions about our privacy practices, please contact our Privacy Officer at the number below.

You have the right to file a complaint with us or with the Office for Civil Rights. We will not discriminate or retaliate in any way for this action. To file a complaint, please contact the applicable party:

Jennifer Trevino, Privacy Officer
Phone number: 850-314-7546
Fax number: 850-654-3320
Email: jtrevino@Coastalskinsurgery.com

Office for Civil Rights
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We are required to abide by the policies stated in this Notice of Privacy Practices, which became effective on September 23, 2013