



Sunshine State Dermatology and Skin Cancer Center, Inc

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our Practice is dedicated to maintaining the privacy of your **Protected Health Information (PHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our Practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Sunshine State Dermatology and Skin Cancer Center Inc
Attn: Privacy Officer
12497 Tamiami Trail S, Unit 1
North Port, Florida 34287
Phone: 941-282-3376



C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your medical information. Please note that we will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

1.Treatment. Information obtained by a physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you.

We might use your medical information in order to write a prescription for you, or we might disclose your medical information to a pharmacy when we order a prescription

Finally, we may also disclose your medical information to other health care providers for purposes related to your treatment. When services are ordered by our physician, we may disclose your health information to business associates so that they can perform the service we've asked them to do and bill you or your third party payer for services rendered.

2.Payment. Our practice may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. 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 may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits).

3.Health Care Operations. Our Practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our Practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our Practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4.Appointment Reminders. Our Practice may use and disclose your PHI to contact you and remind you of an appointment.

5.Treatment Options. Our Practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6.Health-Related Benefits and Services. Our Practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7.Release of Information to Family. Health professionals, using their best judgment, may disclose to a family member, other relative, or any other person you identify, health information relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals.



8. Disclosures Required by Law. Our Practice will use and disclose your PHI when we are required to do so by federal, state or local law.

9. Emergencies. We may use or disclose or medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent.

10. Communication Barriers. We may use or disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

11. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone to help prevent the threat.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our Practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our Practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.



3.Lawsuits and Similar Proceedings. Our Practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

4.Law Enforcement. We may release health information as required by law or in response to a valid subpoena.

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5.Deceased Patients. Our Practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6.Organ and Tissue Donation. Our Practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7.Research. Our Practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when Internal or Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure;

(B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8.Serious Threats to Health or Safety. Our Practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.



9.Military. Our Practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10.National Security and Intelligence Activities. Our Practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

11.Protective Services for the President and Others. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

12.Inmates. Our Practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

13.Workers' Compensation. Our Practice may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the protected health information that we maintain about you.

- **Obtain a paper copy of this privacy practices notice upon request.**
- **Inspect and obtain a copy your health record.** Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- **Amend your health record.** If you believe it is incorrect or incomplete, you may request an amendment as long as the information is kept by or for our practice. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us;
 - Is not part of the medical information kept by or for the Provider;
 - Is not part of the information which you would be permitted to inspect and copy or
 - Is accurate and complete.
- **Obtain an accounting of disclosures of your health information.** An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your medical information for non- treatment, non-payment or non-operations purposes. Use of your health information as part of the routine patient care in our practice is not required to be documented.
- **Request that communications of your health information be provided by alternative means or at alternative locations.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.



- **Request a restriction on certain uses and disclosures of your information.** You have the right to request that we restrict our disclosure to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (ex. Health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions; that is your responsibility.

- **Revoke your authorization to use or disclose health information** except to the extent that action has already been taken.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you can file a complaint with the Practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be **no retaliation for filing a complaint** with either the Privacy Officer or the Office for Civil Rights. To file a complaint with our practice, contact Sunshine State Dermatology and Skin Cancer Center Inc 12497 Tamiami Trail S, Unit 1, North Port, Florida 34287
- **Right to Provide presentation for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at anytime in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all medical information we maintain. Should our information practices change, we will post the changes in our reception area. At your request and expense, we will mail you a revised "Notice of Patient Privacy Practices" to the address you've supplied us. An electronic copy is also available on our website at www.sunshinestatederm.com

If have questions regarding this notice or our health information privacy policies, you may contact our Practice Administrator at:

Sunshine State Dermatology and Skin Cancer Center Inc
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