

Kirkland Dermatology Associates, PLLC Notice of Patient Privacy Rights

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.

This office is committed to protecting your personal medical information for the purposes of:

TREATMENT-In order to provide you with the healthcare you require, this office will provide your medical information to those healthcare professionals, whether on this office's staff or not, directly involved with your care so that they may understand your medical conditions and needs.

PAYMENT-In order to receive payment for services rendered, this office will provide your medical information directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.

HEALTHCARE OPERATIONS-In order to gain an overall view of various elements of this office's operations, medical information may be collected, compiled, and disseminated.

This office may use and/or disclose your medical information without written consent from you in the following instances:

COMMUNICATION WITH FAMILY AND FRIENDS-We may release medical information about you to a family member or friend who is involved in your care.

APPOINTMENT REMINDERS-We may contact you about your appointment or recommendations for possible treatment or medical care. We may leave a message at the phone number you list for us if we are unable to speak to you directly.

THIRD PARTY REMINDER CALLS: By supplying my home phone number, mobile number, email address, and any other personal contact information, I authorize my healthcare provider to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending appointment, a missed appointment, overdue wellness exam, balances due, lab results, or any other healthcare related function. I also authorize my healthcare provider to disclose to third parties, who may intercept these messages, limited protected healthcare information (PHI) regarding my healthcare events. I consent to receiving multiple messages per day from my healthcare provider, when necessary. I consent to allowing detailed messages being left on my voicemail, answering system, or with another individual, if I am unavailable at the number provided by me.

TO AVERT A SERIOUS THREAT TO HEALTH AND SAFETY-We may use and disclosed medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure would only be to someone able to prevent the threat.

ORGAN AND TISSUE DONATION-If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS-If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

WORKERS COMPENSATION-We may release medical information about you for workers' compensation or similar programs. Their programs provide benefits for work-related injuries or disability.

HEALTH OVERSIGHT ACTIVITIES-We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government, and compliance with civil rights laws.

LAWSUITS AND DISPUTES-If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT-We may release medical information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process and about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS-We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the clinic to funeral directors as necessary to carry out their duties.

INMATES-If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institutional or law enforcement official necessary for your health and the health and safety of other individuals.

Your Health Information Rights:

Right to this Notice-You have a right to a paper copy of this notice. You may ask us to give you a copy at any time.

Right to Inspect and Copy-You have a right to inspect and receive a copy of certain healthcare information including your medical and billing records. You may submit your request in writing and give it to our receptionist. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Request Amendment-You have the right to request that your health information be amended. This request must be in writing and addressed to our clinic Privacy Officer. We have the right to deny this request in certain circumstances. You may write a statement of disagreement if your request is denied. This statement of disagreement will be stored in your medical record and included with any release of your records.

Right to Request Restriction-You have the right to ask us to restrict certain uses and disclosures of your health information. You may be asked to make this request in writing. Ask your caregiver if you have questions about this. We will comply with all reasonable requests.

Right to request Confidential Communications-You have the right to request that we communicate with you about medical matters in a specific way or location as is reasonable. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you will have to make your request in writing. We will comply with all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

Complaints

If you believe your privacy rights have been violated, you may submit your complain in writing to our Privacy Officer. If you feel we have addressed your concern, you may also contact the Office of Civil Rights, 200 Independence Ave SW, Washington DC 20201. The quality of your care will not be jeopardized not will you be penalized for filing a complaint.

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you under these circumstances, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.