

WAKE DERMATOLOGY ASSOCIATES
4414 LAKE BOONE TRAIL, STE 408 RALEIGH, NC 27607
919-781-1001

HIPAA NOTICE OF PRIVACY PRACTICES (Effective: 4/14/2003, Revised: 10/10/2014)

This Notice describes how health information about you may be used and disclosed, how you can get access to this information, how to protect the privacy of your protected health information (PHI), your privacy rights, and how you can exercise those rights. Questions? Please contact our HIPAA Compliance Officer (CO) at 919-781-1001.

How We May Use and Disclose your Protected Health Information (PHI)

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may use and disclose information to make sure the dermatologic care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (your health plan) for their health care operation activities.

Individuals Involved in Your Care or Payment for Your Care UNLESS You Object. We may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you are not present to agree or object, the provider will use professional judgment to determine if it is in your best interests to share this information.

As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or that of the public or another person. Disclosures will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Such as, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public Health Risks. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Your Rights Regarding Your Protected Health Information (PHI)

All requests to exercise your rights must be made in writing and sent to our office to the attention of our compliance officer.

The Right to Look at or Get Copies of Your PHI. You may ask for a summary of your PHI instead of the entire record. The law allows up to 30 days to make your PHI available to you.

The Right to an Electronic Copy of Electronic Medical Records. You can request that such records be given to you or be transmitted to another individual or entity.

The Right to Request Restrictions or Limitations on what is Disclosed for the Purposes of Treatment, Payment or Operations. We are not required to agree to these requests. If we agree to a restriction request we will honor the request unless the information is needed to provide emergency treatment. However we must accept a request to restrict disclosure of PHI to a health plan if you pay out of pocket in full for a service unless it is otherwise required by law.

The Right to Request Amendments to Your PHI. You may request in writing that your PHI be amended if you feel that the information we have is incorrect or incomplete. In certain cases we may deny your request. You may file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy.

Additional Privacy Rights. You may request, in writing, that we communicate with you only in certain ways to preserve your privacy and we will accommodate all reasonable requests without asking for the reason. You have the right to receive a list of people or organizations who received your PHI after 4/14/2003, not related to purposes of treatment, payment or operations. You have the right to receive notification of any breach of your PHI. You have the right to obtain a paper copy of this notice upon request.

Complaints

You may file a complaint, in writing, if you believe your privacy rights have been violated, and you will not be penalized. Write to:

Wake Dermatology Associates
Attn: Compliance Officer
4414 Lake Boone Trail, STE 408
Raleigh, NC 27607

OR

Secretary of the U.S. Dept. of
Health & Human Services
200 Independence Ave, SW
Washington, DC 20201

Changes to this notice

We reserve the right to change this notice at any time and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office and have paper copies available. The notice will contain the effective date on the first page, in the top right-hand corner.