



HIPAA NOTICE OF PRIVACY ACT

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.

Uses and disclosures of Health Information

Renaissance Dermatology may use and disclose the health information we have collected about you in order to provide you treatment, obtain payment for providing your care and to conduct health care operations. Your health information will be used and disclosed for other purposes only after we have obtained your written permission. Renaissance Dermatology has established the following privacy practices to guard against unnecessary uses and disclosures of your health information.

When Health Information can be used or disclosed without prior authorization

There are several situations where Renaissance Dermatology may use and/or disclose your health information without your prior authorization and they include the following.

1. **Required Uses and Disclosures**
There are only 2 situations Renaissance Dermatology is required to disclose your health information. The first is when you request to view the health information we have collected about you. The second is when the Secretary of Health and Human Services requests your health information for the purpose of determining our compliance with these privacy practices.
2. **To provide treatment**
Renaissance Dermatology may use your health information to provide your medical care. This may include sharing your health information with other health care providers to who you might be referred. We may also share your health information with other health care providers to coordinate your care; this might include, but it not limited to, pharmacists, suppliers of medical equipment or family members you have designated to receive such information.
3. **To obtain payment**
Renaissance Dermatology may use and/or disclose your health information when submitting claims to your insurance companies or other third parties in order to receive payment for the health care we provide.
4. **For health care operations**
We may also use and/or disclose your health information when conducting our own business operations and when this is necessary to provided quality care for our patients. Such health care operations may include, but is not limited to, quality assessments and improvement activities, activities designed to improve quality of care, professional review and performance evaluations, business planning or development and administrative activities.
5. **When legally required**
Renaissance Dermatology will disclose your health information when required to do so by and Federal, State, or local law.
6. **When there are risks to the Public Health**

Renascence Dermatology may also disclose your health information for certain public health activities such as to prevent or control diseases, to report an injury, disease or death, to report adverse events to medications or treatments or to an employer when legally required.

7. To report abuse or domestic violence
We may also report your health information to government or legal authorities if we believe, in good faith, that abuse or domestic violence has occurred. This disclosure of your health information will occur only if required by law to do so or after you have agreed to the disclosure.
8. To conduct health oversight activities
Renascence Dermatology may disclose your health information to a health oversight agency for the purpose of audits, inspections, licensure actions or criminal investigations. We may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.
9. For judicial and administrative proceeding
Renascence Dermatology may disclose your health information in response to a court order or an authorized administrative tribunal. We will make reasonable efforts to notify you of such a request.
10. For law enforcement activities
Renascence Dermatology may disclose your health information to law enforcement officials as required by law for reporting of certain wounds (such as stab wounds), to help identify or locate a suspect, witness or missing person or if you are the victim of a crime or there is an emergency to report a crime.
11. To coroners, funeral directors or organ procurement organizations
We may also disclose your health information to a coroner or medical examiner to determine a cause of death or for other duties; to funeral directors to help carry out their duties; and to organ procurement organizations for the purpose of facilitating donation and transplantation.
12. In the event of a serious threat
Renascence Dermatology may also disclose your personal health information if we believe in good faith that such disclosure is necessary due to a serious threat to your health or safety.
13. For specialized government functions
Renascence Dermatology may also disclose your health information for specialized government functions such as relating to national security, protecting the President and others, medical suitability determinations, inmates and law enforcement custody.
14. For Workman's compensation
We may disclose your health information for workman's compensation or other similar programs.

Except for all the above circumstances, Renascence Dermatology will not use or disclose your health information without first notifying you and obtaining your authorization to do so. If you do not agree to such uses or disclosure, Renascence Dermatology will not use or disclose your health information for that purpose. If you agree to such a use or disclosure, you may revoke that authorization at any time by submitting a written request.

Patient Rights

All patients have the following rights:

1. **Right to request restrictions**
You have the right to request restrictions on certain uses and disclosures of your health information but Renascance Dermatology is not required to agree to such restrictions. If you would like to request a restriction, please let us know and you will be given a form to complete requesting the restriction.
2. **Right to confidential communication**
You also have the right to request that Renascance Dermatology communicates with you in a particular way for example you may want to receive all communications about your health without any family members being present. Renascance Dermatology will not require any reason for such a request and will do its best to honor your request. If you would like to make a special communication request, please let us know and you will be given a form to complete.
3. **Right to view and copy**
You have the right to inspect and copy your health information including the billing records. We may charge you a reasonable fee for assembling and copying your health information.
4. **Right to amend**
You also have the right to amend your health care information if you believe it is incorrect or incomplete. A request to amend your records must be made in writing and describe the reasons why such an amendment is requested. Renascance Dermatology reserves the right to deny such a request if the information was not created by Renascance Dermatology, if the information is not part of our records, if you are not permitted to inspect or copy that part of the health information, or if Renascance Dermatology believes the records are complete and accurate. If we deny the request for amending your health information, we will notify you in writing the reasons for the denial.
5. **Right to an accounting of disclosures of your health information made by Renascance Dermatology for any reason other than treatment, payment or health care operations.** This request must be in writing, specify the time period for accounting and be limited to the last 6 years. The first request during any 12 month period will incur no charges but Renascance Dermatology will charge a reasonable fee for additional requests.
6. **Right to receive a paper copy of the Notice of Privacy Practices**
You also have the right to receive a copy of the Notice of Privacy Practice at any time, even if you have received it previously or have viewed it electronically.

Renascance Dermatology is very concerned about protecting your privacy and we are required by law to maintain the privacy of your health information and to provide you with a copy of this Notice of Privacy Practices. Renascance Dermatology is required to abide by the terms set forth in this privacy notice but we reserve the right to change the terms and to make the new privacy notice effective for all the health information we maintain. If Renascance Dermatology changes the privacy notice, we will post the new notice in a prominent location within our office and provide you with a copy of the revised notice.

Complaints

You may complain at any time to the Secretary of Health and Human Services if you believe your privacy rights have been violated. Any complaint should be made in writing. We encourage you to voice any concerns you have regarding our privacy practices and we will not retaliate against you for filing a complaint.

Effective Date: This Notice of Privacy Practices for Renascance Dermatology is effective August 1, 2013.