

Russell Dermatology of Conway, PLLC

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice provides you with information on the process this clinic takes to protect the privacy of your Protected Health Information. It describes the privacy rights you have and how you can exercise those rights. Please read this carefully. If you have any questions, please ask the receptionist if you can speak **Ginnie McGee**, our Privacy Official, at **501-328-5050 ext. 309**. Our Privacy Official can answer any questions you may have concerning this notice.

Your Protected Health Information is the information that is created or received by this clinic, transmitted by electronic form or maintained in any medium, that identifies you or could reasonably identify you, and relates to your past, present, or future:

1. Physical or mental health or condition;
2. Healthcare treatment; or,
3. The payment of your healthcare services.

I. USES AND DISCLOSURES:

a. The following are examples of some of the ways the clinic may use and disclose your Protected Health Information (PHI) based on your signing our clinic's consent form.

i. Treatment

In order to adequately provide for your healthcare needs, your PHI will be used and disclosed within the clinic by the clinic's employees and independent contractors as necessary to treat, evaluate, and provide you with healthcare services. This may also include the need for us to obtain PHI from your previous healthcare providers for us to treat you properly.

ii. Payment

To receive payment for our services, the clinic will have to disclose certain PHI to your Health Plan or Insurer. This could require disclosure prior to treatment to obtain pre-certification from your Insurer to perform a procedure or it could be a post treatment disclosure to obtain payment for the services provided. Your Insurer also has a right to demand access to your records to determine eligibility for making pre-existing condition determinations or for

conducting quality control inspections. PHI may also be disclosed to comply with workers compensation laws and similar programs.

iii. Clinic Operations

To ensure the proper functioning of our clinic, it may be necessary from time to time that certain PHI be used and disclosed. For example, we may use a sign-in sheet at the front desk to keep track which patients have arrived. We may call out your name when it is time for you to come back to an exam room. Our employees and independent contractors may have to access our medical records for certain business operations. Our clinic may allow high school, college, or medical school “shadow” students in the clinic and they may be exposed to certain PHI.

iv. Referrals

To effectively refer you to another physician, we will have to release certain PHI to that physician to assist that physician in your treatment and to make the necessary appointment.

v. Consultations

There may be occasions where the clinic may desire to consult another professional about your treatment to get a second opinion. In those situations, the clinic will always attempt to maintain your privacy to the extent possible, recognizing that it may not always be an option.

vi. Business Associates

As part of our business operations, we must enter into agreements with third parties to assist us. These third parties can be accountants, computer consultants, transcriptionists, etc. These third parties may have to access certain PHI. Prior to any of our Business Associates having access to PHI, they will sign an agreement that requires them to have procedures in place to protect the privacy of your PHI.

- b. The following are examples of some of the ways the clinic may use and disclose your Protected Health Information (PHI) based on your opportunity to orally assent or object:

- i. Family Members of Individuals Involved in Your Care

This clinic may use and disclose PHI to your family members or other individuals who are involved in your care when the clinic believes it is necessary to provide your location, general health condition, and in the case of your death. An example might be if you needed a ride home, we might contact a relative to provide you a ride. You may inform our Privacy Official in writing if you choose to object to this use or disclosure.

- ii. Faculty Directories

We may use PHI to maintain a listing of the name, location, general condition, and religious affiliation of individuals in our facilities and disclose it to religious personnel and to others who specifically request the information by identifying the individual by name. You may inform our Privacy Official in writing if you choose to object to this use or disclosure.

- c. The following are examples of some of the ways the clinic may use and disclose your Protected Health Information (PHI) without your consent, authorization, or opportunity to assent or object:

- i. Legal Obligations

This clinic will use and disclose PHI when legally required. If this situation occurs, we will notify you and we will limit the PHI to the minimum necessary to comply with the law. Some examples are as follows: court orders, subpoenas, reporting suspected abuse or neglect, reporting adverse results to the Food and Drug Administration, reporting exposures to communicable diseases, certain criminal activity, and military activity.

- ii. Inmates

If you are an inmate, this clinic may use or disclose PHI to the facility and correctional officers when appropriate.

iii. Emergencies

In an emergency treatment situation, our clinic may use or disclose PHI. Our clinic's healthcare professional will obtain your consent as soon as practicable following the emergency.

iv. Communication Barrier

If there is a substantial communication barrier, this clinic may use or disclose PHI for treatment, payment, or healthcare operations when circumstances would infer consent.

- d. The following are examples of some of the ways the clinic may use and disclose your Protected Health Information (PHI) based on your signing our clinic's authorization form:

Other uses and disclosures of your Protected Health Information that do not fit into one of the above categories shall only be allowed upon your signing on of our clinic's specific authorization forms. An example of when this may be necessary is if you would want our clinic to release your medical records to your employer. You would need to come in and complete a specific authorization for us to disclose your PHI to your employer, unless of course your employer is your health insurer. If your employer is your private health insurer, then it would have access to your medical records through your consent form.

You have the right to revoke any authorization, however, the revocation will not be effective to the extent the clinic has relied on it.

II. RIGHTS

a. Rights to Request a Restriction of Uses and Disclosures

You have the right to notify our Privacy Official in writing that you request a restriction on our use and disclosure of your Protected Health Information. Our clinic does not have to grant your request and we can condition treatment on your willingness to consent to our uses and disclosures of your Protected Health Information. We will notify you in writing whether we will grant or deny your request. If your request is granted, we may choose, later, to deny continuing the restriction and if so, we will notify you in writing of that decision.

b. Right to Request Confidential Communications

You have the right to submit in writing a request that all our communications with you concerning your Protected Health Information be confidential. These requests must be reasonable, and you must provide reasonable accommodations for us to contact you for payment along with some reasonable method for us to contact you. We cannot ask you the reason for such a request.

c. Right to Inspect and Copy

You have the right to request in writing to inspect and copy your Protected Health Information. There are a few exceptions to this rule. We must approve and deny your request within 30 days and in the case of a denial, provide you an explanation of the reason. We will charge a reasonable fee for copying, preparation, and postage (if mailed to you), which must be prepaid.

d. Right to Amend

You have the right to request in writing that we amend your Protected Health Information that we created. If you make such a written request, we will act on your request and respond in writing within 60 days.

e. Right to Receive an Accounting

You have the right to request in writing that we provide you with an accounting of our disclosures of your Protected Health Information. The accounting will be provided within 60 days of the request. Standard disclosures are not included in the accounting. Examples of standard disclosures would be disclosures to you, for treatment, payment, and healthcare operations. The first accounting in a 12-month period is free. Any subsequent request for an accounting in the same 12-month period will cost a reasonable, cost-based fee.

f. Right to Receive Copy of Notice

You have a right to receive a paper copy of our Notice of Privacy Practices. You may pick one up in our waiting room.

g. Right to File a Complaint

The law requires us to comply with HIPAA and our Notice of Privacy Practices. If you feel we are not in compliance, you have a right to file an anonymous complaint with our office. You can also file a complaint by notifying our Privacy Official in writing. We will not retaliate in any manner due to a complaint. We value your opinion. You also have a right to file a complaint with the Secretary of the Department of Health and Human Services, who is charged with enforcement of this regulation.

III. DISCLOSURE STATEMENTS

- a. This clinic intends to use and disclose Protected Health Information in the additional following ways on which treatment is conditioned:
1. To have you sign in on a sign in sheet;
 2. To allow our staff to call out your name when it is time for you to come back for an exam, treatment, or consultation;
 3. To send out reminders of appointments;
 4. To provide alternative treatment information;
 5. To leave messages on voicemail systems with appointment reminders; and,
 6. To contact you at the phone numbers you provide and leave messages to reschedule appointments or to leave lab results.
- b. The law requires this clinic have privacy protections for Protected Health Information and to give you notice of its legal responsibilities to individuals.
- c. This clinic must follow the terms and conditions contained in its Notice of Privacy Practices.
- d. The clinic retains the right to make retroactive changes to its Notice of Privacy practices. This means that if the clinic changes its Notice of Privacy Practices and this changes its Privacy Practices and Procedures it can and will apply those changes to Protected Health Information it received, obtained, and created prior to those changes if it chooses and states so in the Notice.
- e. Any individual who would like a copy of any revised Notices of Privacy Practices shall submit such a request in writing to the Privacy Official whose name is listed on the first page of this Notice.
- f. This Notice is effective this the 12th day of February 2018.