

## Notice of Privacy Practices

**This notice describes how medical information about you may be used disclosed and how you can get access to this information. Please READ this carefully in its entirety.**

### **Treatment**

Your health information may be used by staff members or disclosed to other health care professions for the purpose of evaluating your health, diagnosis medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professions who may provide treatment or who may be consulted by staff members.

### **Payment**

Your health information may be used to seek payment from your health plan. For example, your health plan may request and receive information on the dates of service, the services provided, and the medical condition being treated. You are required to provide Vanguard Dermatology with your health insurance coverage information, automobile and workers compensation (if applicable). If you do not want us to share your health information, you must provide Vanguard Dermatology with an alternative method for payment for services rendered (cash, check or credit card only).

### **Law Enforcement**

Your health information may be requested by and disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

### **Health Care Operations of Vanguard Dermatology**

Your health information may be used to inform, evaluate and insure the quality of health care in the day-to-day operations of this medical practice.

### **Public Health Reporting**

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's health department.

### **Other Uses and Disclosures Require Your Authorization**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not retroactively affect any disclosure of information that occurred prior to your written revocation.

### **Additional uses of information**

Your health information may also be used by the Vanguard Dermatology staff to generate and send you appointment reminders. Your health information may be also used to send you information on the treatment and management of your medical condition that you may find to be of interest.

### **Individual Rights**

You have rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your protected health information.
2. The right to receive confidential communications concerning your medical condition and treatment.
3. The right to inspect and copy your protected health information.
4. The right to amend or submit corrections of your protected health information.
5. The right to receive an accounting of how and to whom your protected health information has been disclosed.
6. The right to receive a printed copy of this notice.

This medical practice, known as **Vanguard Dermatology**, is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law, we reserve the right to amend or modify our policies and practices. These changes in our policies and practices may be required by changes in federal and state law and regulations. Whatever the reason for the revision, we will provide you with a revise notice on your next office visit. Revised policies and practices will be applied to all protected health information that we maintain in our files.

### **Request to inspect information**

As permitted by federal law, we require that requests to inspect or copy protected information be submitted in writing.

### **Complaints**

If you would like to submit a comment or complaint about our privacy notices, or suspect violation, you may do so by outlining your concerns in writing. Please address this correspondence to the main branch of Vanguard Dermatology.

**EFFECTIVE DATE OF THIS NOTICE IS JULY 1, 2005**