



FARADY
Dermatology Associates

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can obtain this information. **PLEASE REVIEW CAREFULLY.**

Uses and Disclosures

Treatment

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosis and providing treatment. Such disclosures may include the results of laboratory tests and procedures made available in your medical record to all health professionals who may Provide treatment or who may be consulted by staff members.

Payments

Your health Information may be used to seek payment from your health plan, from other sources of coverage such as other insurers, or from credit card companies that you use for paying services. An example would be your health plan may request and receive information on dates of service, services provided and medical condition being treated.

Health Care Operations

Your health information may be used as necessary to support the daily activities of Farady Dermatology Associates. As an example. information on the services you received may be used to support financial reporting, projections. and steps for evaluating and promoting quality care.

Legal

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

Other uses and disclosures requiring authorization

Disclosure of your health information or its use for any purpose other than that above requires your specific written authorization. This includes: psychotherapy notes, marketing of protected health information and sale of protected health information.

If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. This decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before your notification to revoke your authorization.

Individual Rights

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

1. The right to receive a printed copy of this notice.
2. The right to receive an accounting of how and to whom your protected health information has beendiscovered.
3. The right to receive confidential communications concerning your medical condition and treatments.



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4. The right to inspect and copy your protected health information (paper and/or electronic).
5. The right to amend or submit corrections to your protected health information.
6. The right to request restrictions on the use and disclosure of your protected health information.
7. The right to request in writing that you do not want disclosed to your health insurance provider a specific treatment paid for out of pocket in full.
8. The right to opt out of receiving communications pertaining to raising funds for the practice.

Farady Dermatology Associates Practice Responsibilities

We are required by law to:

1. Maintain the privacy of your protected health information and to give this notice of privacy practices.
2. Abide by the privacy policies that are outlined in this notice.
3. Notify you if there has been an unauthorized acquisition access use or disclosure of unsecured protected health information which compromises the security or privacy of such information.
4. Disclose a decedent's protected health information to family members and others who were involved in the care or payment for care of the decedent prior to death.

Revising Privacy Practices

We reserve the right, as legally permitted, to amend or modify our privacy policies and practices. These changes in our policies and practices may be required because of changes in federal and state laws and regulations. Upon request, we will provide you with the revised notice at the time of your office visit. These will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may request access to your records by contacting our medical records receptionist or privacy official. Your request will be reviewed, and generally be approved, unless there are any legal or medical reasons to deny the request.

For more information about HIPAA:

US Department of Health & Human Services
(202) 619-0257 or Toll Free: 1 (877) 696-6775

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed the Notice of Privacy Practices, for Farady Dermatology Associates, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient or Guardian Signature

Date Signed