



## PATIENT NOTICE OF PRIVACY PRACTICES

Dallas Skin Cancer Center, 411 N. Washington Ave, Suite 1200, Dallas, TX, 75246  
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Privacy Officer: Quynh Saporito

*Effective Date: October 26, 2016*

**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.**

### **ABOUT THIS NOTICE**

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

### **What is Protected Health Information ("PHI")?**

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse, information that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI:**

The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** Your PHI may be provided to other health care providers (e.g., a physician specialist or laboratory) in order to manage and coordinate your medical care.
2. **Payment.** We may give your health plan the information it requires before it will pay us, such as to determine insurance eligibility or coverage of benefits. We may also disclose information to other health care providers to assist them in obtaining payment for services they provided to you.
3. **Health Care Operations and Oversight Activities.** We may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our staff. We may also disclose your PHI as necessary for medical reviews and audits, including (but not limited to) fraud/abuse detection, licensure, and compliance programs. We also may disclose information to other health care personnel for educational and learning purposes.

4. **Appointment Reminders.** We may use/disclose your PHI to contact and remind you about appointments. If you provide prior written authorization, we may leave this information on your answering machine, voice mail, email, SMS text, or with the person answering the phone.
5. **Treatment Alternatives and Health Related Benefits and Services.** We may use/disclose your PHI to tell you about possible treatment options, health related benefits, or services that may be of interest to you.
6. **Sign In Sheet.** We may disclose your PHI by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
7. **Business Associates.** We may disclose your PHI to our business associates who perform functions on our behalf. For example, we may use another company to do our billing, or to provide transcription or consulting services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
8. **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
9. **As Required by Law.** We may disclose your PHI to the appropriate government or law enforcement authority when required to do so by international, federal, state, or local law. Examples include reporting abuse, neglect or domestic violence as well as issues of public health and safety.
10. **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a family member, relative, close friend, or anyone you identify, your PHI that is directly related to that person's involvement in your health care which may include notification of your location, general health, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may respond to the emergency. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
11. **Research.** We may disclose your PHI to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
12. **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
13. **Organ or Tissue Donation.** If you are an organ donor, your PHI may be disclosed to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Workers' Compensation.** We may disclose your PHI as necessary to comply with workers' compensation laws.
15. **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
16. **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
17. **Lawsuits, Disputes, and other Judicial Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in a dispute. We may also use or

disclose your PHI to defend ourselves in the event of a lawsuit.

18. **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out.**
19. **Payment for Your Care.** Unless you object in writing, you can exercise your right that your health care provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
20. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. **Electronic Disclosures of Medical Information.** Under Texas law, we are required to you provide notice if your medical information is subject to electronic disclosure. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

**In the following cases, we never share your information unless you give us written authorization:**

- disclosures of psychotherapy notes, disclosures for marketing purposes, and disclosures that constitute a sale of your PHI.
- Other uses and disclosures of PHI not covered by this notice or the laws that apply to us.

If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer.

**YOUR HEALTH INFORMATION RIGHTS**

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and may charge you a reasonable, cost-based fee. You may only direct us to send your PHI to a third party not covered in this notice in writing. We may deny your request in certain limited circumstances, but will let you know the reasons why.
- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you.
- **Electronic Copy of Electronic Medical Records.** Your PHI may be maintained in an electronic format (known as an electronic medical record). You have the right to request an electronic or paper copy of your medical record be given to you or to another entity. If your preferred format is not readily producible, we will provide an alternative format that is acceptable.
- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to change the information, for as long as the information is kept by or for us. The request must be made in writing to the office address provided at the beginning of this Notice and must include the reason for your request.
- **Request Restrictions.** You have the right to request restriction or limitation on the PHI we use/disclose about you for treatment, payment, or health care

operations. We are not required by federal regulation to agree to your request. If we do agree to do so, we will comply unless the information is needed to provide emergency treatment. Your request must be made in writing to the Privacy Officer and must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.

- **Request Confidential Communications**. You have the right to request that we communicate with you only in certain ways to preserve your privacy (example: calling you only at a particular phone number). You must make any such request in writing and must specify how or where we are to contact you.
- **Paper Copy of This Notice**. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.
- **Right to an Accounting of Disclosures**. You have the right to ask for an "accounting of disclosures" which is a list of disclosures we made about your PHI for up to 6 years prior to the date you ask. To request this list, you must submit a written request to the Privacy Officer. We will include all disclosures except those related to treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). The 1st accounting requested for any 12-month period is free, but any additional requests within the same period will be subject to a reasonable, cost-based fee.
- **Changes to This Notice**. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office.
- **Complaints**. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer listed at the beginning of this Notice. If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint by mail, fax, or email to:

Office for Civil Rights  
Department of Health and Human Services  
Attn: Patient Safety Act  
200 Independence Ave., SW, Rm. 509F  
Washington, DC 20201  
(202) 619-0403  
TDD 1-800-537-7697  
FAX: (202) 619-3818

A formal complaint form may be found at <http://www.hhs.gov/ocr/privacy/psa/complaint/>. To submit an electronic complaint, go to <http://hhs.gov/ocr/privacy/psa/complaint/index.html>.

You will not be penalized for filing a complaint.

**You will be asked to sign the Dallas Skin Cancer Center HIPAA Privacy Practices Form to acknowledge that you have read and/or received a copy of this notice.**