

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

## **Piedmont Dermatology Center, P.C. NOTICE OF PRIVACY PRACTICES**

1. Piedmont Dermatology Center, P.C. may use and disclose protected health information for treatment, payment, and healthcare operations. Examples of these include, but are not limited to, requested preschool or sports physicals, foster care homes, home health agencies, and/or referral to other providers for treatment. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers, and/or collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance, including auditing of records.
2. Piedmont Dermatology Center, P.C. is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.
3. Piedmont Dermatology Center, P.C. will not use or disclose PHI for marketing purposes and/or disclosures constituting a sale of PHI without the individual's Authorization.
4. Piedmont Dermatology Center, P.C. will not sell or make any other use or disclosure of a patient's protected health information without the patient's written authorization. Such authorization may be revoked at any time. Revocation must be requested in writing.
5. Piedmont Dermatology Center, P.C. will abide by the terms of this notice currently in effect at the time of the disclosure.
6. Piedmont Dermatology Center, P.C. reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. Piedmont Dermatology Center, P.C. will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of the patient's next visit, or at the patient's last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at the office of Piedmont Dermatology Center, P.C.
7. Any patient, guardian or personal representative has the right to object to the use of their health information for directory purposes.
8. Any patient, guardian or personal representative has the right to inspect and obtain copies of the patient's medical record. The records will be provided within 30 days of the request, and a reasonable charge may be assessed for any copies after the first request in a 12-month period. If Piedmont Dermatology Center, P.C. is unable to act within the required period, Piedmont Dermatology Center, P.C. may provide the patient with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
9. Any patient, guardian or personal representative has the right to request amendments be made to the patient's medical record.
10. Any patient, guardian or personal representative has the right to request a 6-year accounting of all disclosures of the patient's medical record. The history will be

provided within 30 days of the request, and a reasonable charge may be assessed for any copies after the first request in a 12-month period. If Piedmont Dermatology Center, P.C. is unable to act within the required period, Piedmont Dermatology Center, P.C. may provide the patient with written notice of the reason for delay and the expected date of completion of the request. This extension of time will not exceed 30 days.

11. Any patient, guardian or personal representative has the right to request restrictions as to how the patient's health information may be used or disclosed to carry out treatment, payment, or healthcare operations. Piedmont Dermatology Center, P.C. is not required to agree to the restrictions requested, but if Piedmont Dermatology Center, P.C. does agree, Piedmont Dermatology Center, P.C. must abide by those restrictions.
12. Any patient, guardian or personal representative has the right to restrict disclosure of certain Personal Health Information to a health plan for payment or health care operation purposes, but not for treatment purposes, for items or services that have been paid in full and out-of-pocket.
13. Any affected patient will be notified by the Piedmont Dermatology Center, P.C. Security Officer following a breach of unsecured Personal Health Information of the affected patient. The Practice has permission to contact me via e-mail.
14. Any person/patient may file a complaint to Piedmont Dermatology Center, P.C. and to the U.S. Secretary of Health and Human Services if the patient believes his or her privacy rights have been violated. To file a complaint with the Practice, please contact the Privacy Officer at Piedmont Dermatology Center, P.C., Attention: Privacy Officer, 314 Fairy Street, Suite D, Martinsville, VA 24112; telephone (276-666-8439. All complaints will be addressed, and the results will be reported to the Privacy Officer.
15. It is the policy of Piedmont Dermatology Center, P.C. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

**Effective Date:** \_\_\_\_\_

**Name of Patient:** \_\_\_\_\_

**Signature of Patient or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_