

How we use and disclose information

We must use and disclose your health information to:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your right as described in this notice; and
- To the secretary of the department of health and human services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to obtain payment for your health care services and to operate our business. For example, we may disclose your health information:

- **For treatment.** We may use or disclose health information to better understand your health condition for your treatment. For example, we may look at your x-rays or share x-rays we take of you with your treating physician, or we may receive your prescription information from other health services companies to help you avoid harmful drug interactions.
- **For payment.** We may use or disclose health information to bill for your health care services and to receive payment for those services. For example, we share with and receive health information from your health insurance company and/or other health care providers to receive payment and to better manage your care.
- **For health care operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.
- **To provide you information on health related programs or products** such as alternative medical treatments and programs or about health-related products or services, subject to limits imposed by law.
- **For reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As required by law.** We may disclose your health information when required to do so by law.
- **To persons involved with your care.** We may disclose your health information to a person involved in your care or who helps you pay for your care, if you agree to disclosure or if you fail to object when given the opportunity. For example, we may disclose information to a family member or friend when you are incapacitated or in an emergency

situation. If you are unavailable or unable to object, we will use our best judgment to decide what is in your best interest.

- **For public health activities** such as reporting or preventing disease outbreaks.
- **For reporting victims of abuse, neglect or domestic violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For health oversight activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For judicial or administrative proceedings** such as in response to a court order, search warrant, or subpoena.
- **For law enforcement purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To avoid a serious threat to health or safety** to you, other person, or the public, by, for example disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For specialized government functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others.
- **For research purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To request your support** for improving health care services that we provide to our community. (If you would not like to be contacted for this purpose please call Advanced Dermatology PC at 770-739-7546 or email us at dermatology777@gmail.com to let us know.)
- **To provide information regarding decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For organ procurement purposes.** We may use or disclose information to entities that handle procurement, banking or transportation of organs, eyes or tissue to facilitate donation and transplantation.
- **To correctional institutions or law enforcement officials** if you are an inmate of a correctional institute or under the custody of a law enforcement

official, to ensure the safety of the correctional institution and law enforcement officials.

- **To business associates** that perform certain specialized services on our behalf. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose information other than as specified in our contract.
- **For data breach information purposes.** We may use your contact information to provide legally required notices of unauthorized acquisition, to access, or disclosure of your health information.
- **Special legal protections for certain health information.** Advanced Dermatology PC complies with federal laws that require extra protection for your health information if you receive treatment in an addiction treatment program, or from a psychotherapist who keeps notes on your therapy that are kept outside of your regular medical records.

Uses with your authorization

Any sharing of your health information, other than as explained above requires your written authorization. For example, we will not use your health information unless you authorize us to in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party;
- Share any of your health information with marketing companies; or
- Sell any of your health information.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or 'revoke' your written authorization at anytime in writing, except if we have already acted based on your prior authorization.

What are your rights

The following are your rights with respect to your health information:

- **You have the right to review and obtain a copy** of your medical or billing records as allowed by law. You have the right to obtain these records in an electronic format if we maintain the records in electronic format. To obtain a copy of your records in either paper or electronic format you **must** make the request in writing. We will respond to your request within 30 days of your request and we may charge you a fee to cover the copying, mailing or other related costs. We may deny your request to inspect and copy in certain and very limited circumstances. If you are denied

access to medical information, you may request that the denial be reviewed or you may submit a written complaint. If you request a review, another licensed health care professional, written by Advanced Dermatology, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **You have the right to request certain restrictions** on our uses or disclosures of your medical information for treatment, payment or health care operations except when authorized by you, when required by law, or in an emergency. You may also request a restriction on our disclosure of your medical information to someone who is involved in your care or payment, like a family member or friend. **We are not legally required to agree to your request.** All requests for restriction must be in writing. We will inform you of our decision.
- **You have the right to request** that we not share certain information with your health plan, if you pay in full, out of pocket, for those health care items or services (to ensure that we do not automatically bill your health plan for these items or services, you will need to notify Advanced Dermatology before receiving these services or items if you want this restriction.)
- **You have the right to request confidential communications** at a specific address or phone number.
- **You have the right to request an amendment** to information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting**, as specified by law, of certain circumstances when your information is disclosed without your authorization.
- **You have the right to a paper copy of this notice.**

You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may also obtain a copy of this notice on Advanced Dermatology's website at www.skinangel.com.

- **You have the right to report a privacy concern.** We will investigate all privacy complaints and concerns. We will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with the office for Civil Rights of the U.S. Department of Health and Human Services.

Advanced Dermatology PC

**4904 TIMBER RIDGE DR SUITE 101
DOUGLASVILLE, GA 30135**

**3459 ACWORTH DUE WEST SUITE 305
ACWORTH, GA 30101**

Fax: (770)739-7920 Phone: (770)739-7546

Website: www.SkinAngel.com

Advanced Dermatology PC

Fax: (770)739-7920 Phone: (770)739-7546

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.

We are required by law to protect the privacy of your health information. We are also required to provide you with this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have the rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" and "health information" in this notice include any information that we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for your healthcare.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide you with a revised notice at your first visit after the revision or electronically as permitted by applicable law. In all cases, we will post the revised notice on our website www.Skinangel.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

This notice of privacy practices describes the practice of all Advanced Dermatology and of Advanced Dermatology members, students and volunteers working in the doctor's offices.