

## **We May Use and Disclose Your Health Information in the Following Ways**

**1. Treatment.** Our practice may use your health information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your health information in order to write a prescription for you, or we might disclose your health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your health information to others who may assist in your care, such as your spouses, children or parents.

**2. Payment.** Our practice may use and disclose your health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items or if necessary to obtain payment from you through a collection agency.

**3. Health Care Operations.** Our practice may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

**4. Appointment Reminders, Treatment Options, Health-Related Benefits and Services.** Our practice may use and disclose your health information to contact you and remind you of an appointment or to inform you of potential treatment options or alternatives and health-related benefits or services that may be of interest to you.

### **Use and Disclosure of Your Health Information in Certain Special Circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

### **Your Rights Regarding Your Health Information**

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests. All requests must be made in writing.
2. You can request, in writing, a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when

- the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing.
  4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment.
  5. You are entitled to receive a copy of this Notice of Privacy Practices. We reserve the right to revise this Notice of Privacy Practices at any time. You may ask us to give you a copy of this Notice at any time. To obtain an updated copy of this notice, contact our receptionist by phone, mail or in person.
  6. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Northern Arizona Dermatology Center Privacy Officer 1490 N. Turquoise Dr. Flagstaff, AZ 86001 Phone (928) 774-5074 Fax (928) 779-0884. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. You have the right to provide an authorization for other uses and disclosures of your health information. Our practice will obtain your written authorization for uses and disclosures of your information that are not identified by this notice or permitted by applicable law.
8. You have the right to request an "accounting of disclosures" (a list of certain non-routine disclosures our practice has made of your health information for non-treatment or operation purposes). All requests must be made in writing and state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003.

If you have any questions regarding this notice or our health information privacy policies, please contact Northern Arizona Dermatology Center Privacy Officer 1490 N. Turquoise Dr. Flagstaff, AZ 86001 Phone (928) 774-5074 Fax (928) 779-0884.

# NOTICE OF PRIVACY PRACTICES



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1490 North Turquoise Drive  
Flagstaff, AZ 86001

*To our patients:* This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Our Commitment to Your Privacy**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information: