



477 N. El Camino Real C312
Encinitas, CA 92024
Phone: (760) 230-2805
Fax: (760) 230-2802

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Your Privacy

North County Dermatology is required by law to maintain the privacy of your Protected Health Information (PHI). Protected Health Information is the information that you provide us or that we create or receive about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we are required to follow the terms of this Notice or other Notice in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this Notice.

II. Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization)

In most situations, we may use and share your PHI for activities that are common in many doctors' offices, hospitals and health clinics. In certain other situations described below, we must have your written permission (authorization) to use and/or share your PHI. We do not need any type of permission from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use and share your PHI to provide "Treatment," obtain "Payment" for your Treatment, and perform our "Health Care Operations." These three terms are defined as:

- **Treatment:** We use and share your PHI to provide care and other services to you - for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health-related benefits and services that might interest you. We may also share PHI with other doctors, nurses, and others involved in your care. In addition, we may provide information to a family member or friend that you tell us is involved in your care or assists in taking care of you.
- **Payment:** We may use and share your PHI to receive payment for services that we provide to you. For example, we may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO or other company or program that arranges or pays the cost of some or all of your health care ("Your Payor") and to confirm that Your Payor will pay for health care.
- **Health Care Operations:** We may use and share your PHI to operate our business. This includes management, planning, and activities that improve the quality, efficiency and cost structure of the care that we deliver. For example, we may use PHI to review the quality and skill of our physicians and other health care providers. As

another example we may share PHI with our Reception Coordinator to resolve any complaints you may have and make sure that you have a comfortable visit with us.

In addition, we may share PHI with certain others who help us with our activities, including those we hire to perform services.

B. Your Other Health Care Providers. We may also share PHI with your doctor and other health care providers when they need it to provide Treatment to you, to obtain Payment for the care they give to you, to perform certain Health Care Operations, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law.

C. Disclosure to Relatives, Close Friends and Your Other Caregivers. We may share your PHI with your family member/relative, a close personal friend, or another person who you identify if we (a) first provide you with the chance to object to the disclosure and you do not object; (b) infer that you do not object to the disclosure; or (c) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

D. Public Health Activities. We are required or are permitted by law to report PHI to certain government agencies and others. For example, we may share your PHI for the following:

1. To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
2. To report abuse and neglect to the California Department of Children and Family Services, the California Department of Human Services, or other government authorities, including a social service or protective service agency, that are legally permitted to receive the reports;
3. To report information about products and services to the U.S. Food and Drug Administration;
4. To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
5. To report information to your employer as required under laws addressing work-related illness and injuries or workplace medical surveillance; and
6. To prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions such as the State Department.

E. Health Oversight Activities. We may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

F. Judicial and Administrative Proceedings. We may share your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Purposes. We may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a subpoena.

H. Decedents. We may share your PHI with a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

J. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request, to provide us with proof of death prior to access of the PHI of the decedents.

K. Workers' Compensation. We may share your PHI as permitted by or required by state law relating to workers' compensation or other similar programs.

L. As required by law. We may use and share your PHI when required to do so by any other law not already referred to above.

III. Uses and Disclosures Requiring Your Written Permission (Authorization)

A. Use or Disclosure with Your Permission (Authorization). For any purpose other than the ones described above in Section III, we may only use or share your PHI when you grant us your written permission (authorization). For example, you will need to give us permission before we send your PHI to your life insurance company.

B. Marketing. We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your Treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.

C. Uses and Disclosure of Your Highly Confidential Information. Federal and State law requires special privacy protections for certain highly confidential information about you, including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, Treatment and referral; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about venereal disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; (9) about sexual assault; or (10) In vitro Fertilization (IVF). Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

IV. Your Rights Regarding Your Protected Health Information

A. Right to Receive Confidential Communications. You have the right to 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 at work. In order to request a type of confidential communication, you must

do so in writing. Our practice will accommodate requests we determine are reasonable. You do not need to state a reason for your request.

B. Right to Revoke Your Written Permission (Authorization). You may change your mind about your authorization or any written permission regarding your Highly Confidential Information by giving or sending a written "revocation statement" to our office. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

C. Right to Inspect and Copy Your Health Information. You may request access to your medical record file, billing records, and other records used to make decisions about your treatment and Payment to your Treatment. You can review these records and/or ask for copies. Your request must be submitted in writing to our office. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Under limited circumstances, we may deny you access to a portion of your records.

D. Right to Amend Your Records. You have the right to request that we amend PHI maintained in medical record files, billing records, and other records used to make decisions about your Treatment and Payment for your Treatment, if you believe it is incorrect or incomplete. Your request for amendment must be submitted in writing to our office. You must provide us with a reason that supports your request. We will comply with your request unless you ask us to amend information that; (a) we believe is accurate and complete; (b) is not PHI that is kept by or for the practice; (c) is not part of the PHI that you would be permitted to inspect and copy; or (d) is not created by our practice, unless the individual or entity that created the information is not available to amend the information.

E. Right to Request Restrictions. You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to our office.

F. Right to Receive Paper Copy of This Notice. You are entitled to obtain a paper copy of this Notice, even if you have agreed to receive the notice electronically. Requests can be made to our office at 760-230-2805.

G. Right to File a Complaint. If you believe your rights have been violated, you may file a complaint with our practice or with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. We will not take any action against you if you file a complaint with us or with the OCR.

VI. Effective Date and Duration of This Notice

A. Effective Date. This notice is effective as of July 1, 2015

B. Right to Change Terms of This Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. You may request this new Notice at any time. Please contact our office at 760-230-2805.