

Notice of Privacy Practices

At Carolinas Dermatology and Plastic Surgery, we are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI and a new notice will be available on request, in our office, and on our website at www.caroderm.com.

Uses and Disclosures of Protected Health Information

- Health professionals who contribute to your care
- Insurance companies, health plans
- Government agencies to assist with qualification of benefits
- Billing companies
- Collection agencies

We may use or disclose, as needed, your PHI to support the business activities of this practice, which are called health care operations. (Treatment, Payment and Operation)

Uses and Disclosures that require written authorizations

- Marketing
- Disclosure for any sales purposes
- Psychotherapy notes
- Physicians not related to TPO

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

We may use and disclose your PHI in other situations without your permission *NOT without written consent

- If required by law
- Public health activities*
- Health oversight agencies*
- Police or other law enforcement purposes
- Health Information Exchange*
- Legal Guardians/Representatives
- Coroners, funeral directors
- Special government purposes
- Correctional institutions
- Workers' Compensation*
- Fundraising Activities*
- Family members present with you at the time of service*
- Business Associates*
- Medical research*
- Treatment alternatives*
- Legal proceedings
- Appointment reminders

Your Privacy Rights Upon Written Request

- Electronic copy of your health care record, within 30 days
- Request corrections, we may say "no" but will provide a reason why within 60 days
- Request to communicate in a certain way (for example, home or office phone) or send mail to a different address
- Ask us not to share certain health information, but we are not required to agree and may say "no" if it affects your care
- Request an accounting of who has received your PHI from us
- Revoke an authorization to use or disclose PHI at any time except where action has already been taken
- Request services paid out-of-pocket not shared with your health insurer, unless we are required by law to share that information

All requests to exercise your rights must be made in writing, please contact our Security and Privacy officer for details on how to complete that request, (803) 771-7506.

For More Information or to Report a Problem

If you think we have violated your rights, or you need more information about our privacy practices you can contact our Security and Privacy officer at (803) 771-7506 or you can contact the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below:

Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Ave, S.W. Room 509F, HHH Building Washington, D.C. 20201

If you wish to have a copy of this notice, please notify the front desk.