

# Redwood Family Dermatology

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## Notice of Privacy Practices effective 4/14/03

This is a condensed notice of how medical information about you may be used and disclosed, and how you can obtain access to this information. We will provide you with a copy of the full notice upon your request.

### General Rule:

We respect our legal obligation to keep health information, which identifies you, private. The law obligates us to give you notice of our privacy practices. Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

### Uses of Disclosures of Health Information:

Examples of how we use information for *treatment* purposes:

- When we set up an appointment for you
- When the physician prescribes medication for you
- When we order lab work or pathology for you

We may disclose your health information outside of our office for *treatment* purposes, for example:

- If we refer you to another doctor, clinic or lab
- If we provide a prescription for medication to a pharmacist
- If we call to remind you of an appointment

We may ask for copies of your health information from another professional you have seen in order to provide continued treatment/care.

We may use your health information within our office or disclose your health information outside of our office for *payment* purposes. Examples are:

- When staff asks you about health plans that you may belong to, or about other sources of payment for our services
- When we prepare claims to send to you or your health care plan by mail, fax or computer
- When we process payment by credit card and when we try to collect unpaid amounts due
- To obtain prior authorization/referral for treatment needed

We use and disclose your health information for *healthcare operation* in a number of ways. Healthcare operation means those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans, for defense of legal matters, to develop business plans, and for outside storage of records if necessary.

### Appointment reminders:

We may call you to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that may help you.

Uses and disclosures without an authorization:

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never happen at our office at all. Such uses or disclosures are:

- A state or federal law that mandates certain health information be reported for a specific purpose.
- Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices.

- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by Medicare of Medi-Cal, or investigation of possible violations of healthcare laws.
- Disclosures of judicial and administrative proceedings, such as response to subpoenas, court orders or administrative agencies.
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime or to provide information about a crime at our office.
- Disclosure to a medical examiner to identify a deceased person or to determine the cause of death; to a funeral director to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosures for health related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service.
- Disclosures relating to workers' compensation programs.
- Disclosures to business associates who perform healthcare operations for us and agree to keep your health information private.

**Other disclosures:**

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

**Your rights regarding your health information:**

The law gives you many rights regarding your health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions you requested. For a restriction, send a written request to the attention of the privacy officer at the address or fax shown on the other side.
- You can ask us to communicate with you in a confidential way, such as contacting you at work or by mail, that we not leave voice mail or the like.
- You can ask to obtain or see photocopies of your health information. Your request must be submitted in writing. We may charge a fee for the cost of copying and mailing. If we deny your request you will receive an explanation in writing.
- You can ask us to amend your health information if you think that it is incorrect or incomplete. If you request information to be amended it must be submitted in writing explaining your reasons for the amendment.
- You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you, to others for purposes other than treatment, payment or healthcare operations. Your request must be submitted in writing attention to the privacy officer at the address or fax number on the other side.

**Our notice of Privacy Practices:**

By law, we must abide by the terms of this Notice of Privacy Practices. We are also required by law to maintain the privacy of your personal health information and provide you with notice of its legal duties and privacy practices. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to all of your health information that we maintain, as well as to information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Dept of Health and Human Services. To file a complaint, contact our office manager, who will direct you on how to file a complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.