

Angela Wyatt Dermatology, P.C.

NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Angela Wyatt Dermatology, P.C. is required by law to maintain the privacy of your protected health information (your "health information") and to provide you with notice of its legal duties and privacy practices with respect to your information. The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision or amendment will apply to all your past records and records created or maintained in the future. You may request our most current copy of this notice at any time. If you have questions about any part of this notice or if you want more information about the privacy practices at **Angela Wyatt Dermatology, P.C.**, please contact:

Angela Wyatt Dermatology, P.C.
1501 South Yale Street
Suite 152
Flagstaff Arizona 86001
(928) 779-6923

HOW ANGELA WYATT DERMATOLOGY, P.C. MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Angela Wyatt Dermatology, P.C. collects information from you and creates records regarding the treatment and services we provide to you. This information is stored in a chart, both paper and electronic, and on a computer. The medical record is the property of **Angela Wyatt Dermatology, P.C.**, but the information in the medical record belongs to you. **Angela Wyatt Dermatology, P.C.** protects the privacy of your health information. The law permits **Angela Wyatt Dermatology, P.C.** to use or disclose your health information for the following purposes:

Treatment: We may use and disclose your health information to treat you. For example, we may disclose your health information to a laboratory if you require blood work, cultures, or pathology services. We may use and disclose your health information to order a prescription for you at a pharmacy. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your health information, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from an exam or tests and to provide information that describes or recommends treatment alternatives regarding your medical care. Additionally, we may disclose your information to others who may assist in your care, such as your spouse, children or parents.

Payment: We may use and disclose your health information to bill and collect payment for services and items you may receive from us. For example, we may disclose treatment information to your insurance company to determine if your carrier will pay for services or medications. We may also use your health information to bill third parties responsible for costs or to bill you directly.

Health Care Operations: We may use and disclose your health information to operate our business. For example, we may use your health information to evaluate the quality of care you received from us. We may use your health information to conduct cost management, business planning, development, management, and business administration for our practice. We may use and disclose your health information for competency assurance activities including provider credentialing or certification, or for underwriting, rating or other insurance related activities. We may use and

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disclose your health information in conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs.

Release of Information to Family or Friends: We may disclose your health information to a friend or family member that is involved in your care or assists in taking care of you. For example, we may disclose your information to a home health aide who assists directly in your care. We may also disclose information to adults who accompany minors to a visit.

As Required By Law: We will use and disclose your health information as required by federal, state or local law.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes such as:

- Preventing or controlling disease, injury or disability
- Reporting abuse, neglect or domestic violence
- Reporting problems with products and reactions to medications to the FDA or appropriate drug company representatives
- Notice to a person regarding potential exposure to a communicable disease or the potential risk for spreading or contracting a disease or condition
- Reporting disease or infection exposure

Public Safety: We may disclose your health information to appropriate persons or organizations if we believe that disclosure is necessary to reduce or prevent a serious and imminent threat to the health or safety of you, another person or the general public. We may also disclose your health information if it necessary for law enforcement authorities to identify or apprehend an escapee or violent criminal.

Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings necessary for the government to monitor government programs and the overall health care system.

Judicial and Administrative Procedures: We may disclose your health information during the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as:

- Identifying or locating a suspect, material witness, fugitive or missing person
- Providing information about the victim of a crime in certain situations, if we are unable to obtain the victim's agreement
- Reporting criminal conduct at our office
- Compliance with a warrant, court order, summons, subpoena or similar legal process

Research or Publications: We may use or disclose your health information for the purposes of research being conducted with approval from an Institutional Review Board. We may also use or disclose your health information in articles written for publication in medical journals after obtaining your written consent.

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YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Confidential Communications: You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we contact you at home rather than at work. To request a specific type of communication, you must submit a written statement to **Angela Wyatt Dermatology, P.C.** detailing your specific request.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your health information. For example, you may request that your health information be disclosed only to specific persons involved in your care or for the payment of your care. Your request may be denied in certain circumstances. If we agree, your information may still be disclosed as required by law. To request a restriction, you must submit a written statement to **Angela Wyatt Dermatology, P.C.** detailing your specific request.

Inspection and Copies: You have the right to inspect and request copies of the health information we maintain about you. We may charge a fee for the costs of copying, mailing, labor or supplies associated with your request. Your request may be denied under certain circumstances. If it is denied, you may request a review of our denial that will be conducted by another licensed health care professional chosen by us. You can make an oral request for copies to any staff member. To request an inspection, you must submit a written statement to **Angela Wyatt Dermatology, P.C.**

Amendment: You may request that your health information be amended if you believe it is incorrect or incomplete. You may request an amendment for as long as the information is kept by our practice. To request an amendment, you must submit a written statement to **Angela Wyatt Dermatology, P.C.** detailing your specific request. You do not need to submit a request for changes in name, physical address, phone number or insurance coverage. Your request may be denied if you do not submit a written request or if, in our opinion, the existing information is accurate and complete.

Accounting of Disclosures: You have the right to an “accounting of disclosures” which is a list of non-routine disclosures of your health information by our practice for non-treatment or operations purposes. An accounting of disclosures does not include information shared between the doctor and nurse or other staff members or information used by our billing department to file a claim with your insurance company. To request an accounting of disclosures, you must submit a written statement to **Angela Wyatt Dermatology, P.C.** The request must include a time period not longer than six (6) years from the date of disclosure or last date of treatment whichever is longer.

Right to a Paper Copy of This Notice: You are entitled to a paper copy of our Notice of Privacy Practices. You may request a copy of our most recent notice from any staff member.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with **Angela Wyatt Dermatology, P.C.** or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, you must submit your complaint in writing to **Angela Wyatt Dermatology, P.C.** You will not be penalized for filing a complaint.

Right to Provide Authorization for Other Uses: Our practice will obtain your written authorization to use or disclose your health information in a manner not identified in this notice or allowed by applicable law. Any authorizations you provide may be revoked at any time by submitting a written statement to **Angela Wyatt Dermatology, P.C.**

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Should you have further questions about the information contained in this notice or the policies and procedures of **Angela Wyatt Dermatology, P.C.**, please contact **Angela Wyatt Dermatology, P.C.** using the information provided above.