

INTRACOASTAL DERMATOLOGY
NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2013

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.

If you have any questions about this notice, please contact
the Privacy Officer at (904) 404-8555.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our office’s practices and that of:

- Any health care professional authorized to enter
information into your health record.
- All employees, staff and other office personnel.

OUR PLEDGE REGARDING HEALTH
INFORMATION:

We understand that information about our patients and
their health is personal. We are committed to protecting
information about our patients. We create a record of the
care and services you receive at this office. We need this
record to provide you with quality care and to comply
with certain legal requirements. This notice applies to all
of the records of your care generated by this office.

This notice explains the ways in which we may use and
disclose health information about patients. We also
describe patients’ rights and certain obligations we have
regarding the use and disclosure of information.

We are required by law to:

- make sure that health information that identifies
patients is kept private;
- provide this notice of our legal duties and privacy
practices with respect to health information about
patients; and
- follow the terms of the notice that is currently in
effect.

HOW WE MAY USE AND DISCLOSE HEALTH
INFORMATION ABOUT PATIENTS.

The following categories describe different ways that
we use and disclose health information. For each
category of uses or disclosures we will explain what we
mean and try to give some examples. Not every use or
disclosure in a category will be listed. However, all of the
ways we are permitted to use and disclose information
will fall within one of the categories.

For Treatment. We may use information about patients
to provide patients with medical treatment or
services. We may disclose information about
patients to physicians, hospitals and other entities
and personnel who are involved in taking care of
you. We may share information with other
healthcare providers to get patients different things
they need, such as prescriptions, lab work and x-
rays.

For Payment. We may use and disclose health
information about patients so that the treatment and
services may be billed to and payment may be
collected from patients, an insurance company or a
third party. For example, we may need to give a
patient’s health plan information about treatment
provided in the office so the health plan will pay us
or reimburse the patient for the surgery. We may
also tell health plans about a treatment a patient is
going to receive to obtain prior approval or to
determine whether the plan will cover the treatment.
Pursuant to the form you sign when you begin
treatment, we submit information to payors unless
you request in writing that you do not want
information submitted.

For Health Care Operations. We may use and disclose
information about patients for office operations.
These uses and disclosures are necessary to run the
office and make sure that all of our patients receive
quality care. For example, we may use information
to review our treatment and services and to evaluate
the performance of our staff in caring for patients.
We may also combine information about many
patients to decide what additional services the office
should offer, what services are not needed, and
whether certain new treatments are effective. We
may also disclose information to physicians in other
practices for review and learning purposes. We may
also combine the information we have with
information from other offices to compare how we
are doing and see where we can make improvements

in the care and services we offer. We may remove
information that identifies patients from this set of
information so others may use it to study health care
and health care delivery without learning who the
specific patients are.

Appointment Reminders. We may use and disclose
information to contact you as a reminder that you
have an appointment. We may do this through
phone calls, voice mail, postcards, letters and other
methods. If you do not want to receive reminders,
we have a form for you to sign to opt out of the
reminder process. Ask us for the form.

Treatment Alternatives. We may use and disclose
information to tell you about or recommend possible
treatment options or alternatives that may be of
interest to you.

Health-Related Benefits and Services. We may use and
disclose information to tell you about health-related
benefits or services that may be of interest to you.

As Required By Law. We will disclose information
about you when required to do so by federal, state or
local law.

To Avert a Serious Threat to Health or Safety. We
may use and disclose information about you when
necessary to prevent a serious threat to your health
and safety or the health and safety of the public or
another person. Any disclosure, however, would
only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Workers’ Compensation.** We may release
information about patients for workers’
compensation or similar programs. These programs
provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose information
about you for public health activities. These
activities generally include the following:
 - to prevent or control disease, injury or
disability;
 - to report required information to the State;
 - to report child abuse or neglect;
 - to report reactions to medications or problems
with products;
 - to notify people of recalls of products they may
be using;

- to notify a person who may have been exposed
to a disease or may be at risk for contracting or
spreading a disease or condition;
- to notify the appropriate government authority
if we believe a patient has been the victim of
abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose
information to a health oversight agency like
Florida’s Agency for Healthcare Administration for
activities authorized by law. These oversight
activities include, for example, audits, investigations,
inspections, and licensure. These activities are
necessary for the government to monitor the health
care system, government programs, and compliance
with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a
lawsuit or a dispute, we may disclose information
about you in response to a court or administrative
order. We may also disclose information about you
in response to a subpoena, discovery request, or
other lawful process by someone else involved in the
dispute, but only if efforts have been made to tell
you about the request or to obtain an order protecting
the information requested.
- **Law Enforcement.** We may release information if
asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant,
summons or similar process;
 - To identify or locate a suspect, fugitive,
material witness, or missing person;
 - About the victim of a crime if, under certain
limited circumstances, we are unable to obtain
the person’s agreement;
 - About a death we believe may be the result of
criminal conduct;
 - About criminal conduct at the office; and
 - In emergency circumstances to report a crime;
the location of the crime or victims; or the
identity, description or location of the person
who committed the crime.