



DERMATOLOGY ASSOCIATES  
OF NORTHEAST GEORGIA  

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SKIN CANCER CENTER  
& AESTHETIC CLINIC

## NOTICE OF PRIVACY PRACTICES

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

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:** The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide specific examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may disclose your record to an insurance company so that we can get paid for treating you.

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at the practice, or at the hospital, as indicated. For example, we may disclose medical information about you to people outside the practice who may be involved in your medical care, such as family members, caregivers, clergy, or other persons that are part of your care.

**FOR HEALTHCARE OPERATIONS:** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the practice and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, and other practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes our practices, policies, and procedures, and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff, and other practice personnel.

**POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION:** We create a record of the care and services you receive at our practice. We need this record in order 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 our practice, whether made by practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders and letters, as required by law, for health-related benefits and services, to individuals involved in your care of payment for your care, to avert a serious threat to health or safety, and for treatment alternatives. Other uses or disclosures of your personal information could include, or be for: coroners, medical examiners, and funeral directors; health oversight activities,

inmates, law enforcement, lawsuits and disputes, military and veterans, national security and intelligence activities, organ and tissue donation, protective services for the president and others, and for public health risks.

## NOTICE OF INDIVIDUAL RIGHTS

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

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures,” which is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, and you must provide a reason that supports your request. We may deny your request for an amendment.

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make the request in writing and specify how or where you wish to be contacted. We may call you or send you appointment reminders via electronic communications, such as electronic mail or text message.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We will post a copy of the current notice in the practice’s waiting room.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the above department, contact the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509-F, HHH Building, Washington, D.C. 20201. All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice of the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you have questions about this notice or would like to receive a more detailed explanation, please contact the Privacy Officer.

**I acknowledge by signing below that I have received and reviewed the Notice of Privacy Practices and Notice of Individual Rights.**

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Patient or Patient’s Representative

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Date