

Notice of Privacy Practices

To our patients, this notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations and created as a result of the Health Insurance Portability and Accountability Act of 1996 HIPAA.

Our commitment to your privacy

Our practice is dedicated to maintaining the *privacy* of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information.

Use and disclosure of your health information

The following circumstances may require us to use or disclose your health information:

To public health authorities and health oversight agencies that are authorized by law to collect information.

Lawsuits and similar proceedings in response to a court or administrative order.

If required to do so, by law enforcement official.

When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

If you are a member of U.S. or foreign military forces, including veterans, and if required by the appropriate authorities.

To federal officials for intelligence and national security activities authorized by law.

To correctional institutions or law enforcement officials of you are an inmate or under the custody of a law enforcement official.

For Workers Compensation and similar programs.

Your rights regarding your health information

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.

2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends.

3. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical record and billing record} by submitting your request in writing to **Dermatique 6900 E Camelback #900 Scottsdale, AZ 85251.**

4. You have the right to a copy of this notice. You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice contact our receptionist.

I hereby acknowledge that I have been presented with a copy of the Dermatique Notice of Privacy Practices.

Printed Name _____

Patient Signature _____

Date _____

