

NOTICE OF PRIVACY PRACTICES
PLEASE REVIEW THIS NOTICE CAREFULLY AND SIGN BELOW.

Insight Dermatology is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. This information consists of all records related to your health, including demographic information, either created by Insight Dermatology or received by Insight Dermatology from other healthcare providers.

Uses and disclosures of your protected health information not requiring your consent:

Insight Dermatology may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare purposes. These include, but are not limited to:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers,
- Referrals to other providers or health agencies for treatment,
- Activities undertaken by Insight Dermatology to obtain reimbursement for services provided to you,
- Contacting healthcare providers and patients with information about treatment alternatives,
- Protocol development, case management, or care coordination.

Additional situations when Insight Dermatology is permitted to disclose your protected health information without your consent or authorization include but are not limited to the following:

- When required by law, for example reporting abuse, neglect, domestic violence, or injuries believed to occur as the result of a crime.
- For public health reasons. We are required to report certain infectious diseases to public health authorities.
- Workers compensation: we may disclose your health information to insurance or government agencies.

It is our practice to use your information to contact you with appointment reminders. We may also contact you with information about treatment alternatives and services that may be of interest to you. You must notify us if you do not wish to receive appointment reminders or contact in regards to certain treatment alternatives and services.

You have the right to examine your own health record within **5 working days** of our receipt of your written request. You have the right to obtain a copy of your own health record within **15 days** of our receipt of your written request and payment. You also have the right to request corrections in your medical record. We may not disclose your protected health information to family members or friends who may be involved with your care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child, guardian of an incompetent adult, the healthcare agent designated power of attorney for an incapacitated patient, or the representative or spouse of a deceased patient.

Note: This notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520.

If you have any questions, requests, or complaints in regards to our privacy policies and practices, please contact the HIPAA Compliance Officer at Insight Dermatology, 10672 Wexford Street, San Diego, CA 92131, (858)-693-3000.

***Please indicate** the method by which you would like your personal health information from Insight Dermatology to be communicated to you:

Phone number: _____ May we leave a confidential message? No Yes

E-mail address: _____

Mailing address: _____

Fax number: _____

Other: _____

With my signature, I hereby acknowledge receipt of the Notice of Privacy Practices given to me.

***Signature** _____ **Date** _____

Print Name _____