



SHADES VALLEY

DERMATOLOGY

Shades Valley Dermatology, LLC **Notice of Privacy Practices**

Introduction: This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Policy Statement: Shades Valley Dermatology, LLC is committed to protecting the confidentiality, integrity, and security of the protected health and personal information of our patients. We are required by law to maintain the privacy of your health information and provide you with this notice of our duties and obligations. This policy applies to both current and former patients of Shades Valley Dermatology, LLC.

Types of Information Collected: Individually identifiable health and personal information includes any information obtained by Shades Valley Dermatology, LLC in connection with providing healthcare treatment, obtaining payment, and conducting related healthcare operations. This may include past, present, or future information that Shades Valley Dermatology, LLC receives from you as a patient.

We collect personal information to understand your medical history, and medical conditions, provide treatment, and process payments for services. We gather this information through patient forms, health questionnaires, and other documents you will be asked to complete periodically. Additionally, we may collect information through conversations with you, your representative, or family members. Your healthcare plan or insurance carrier may also provide us with information.

Uses of Your Health Information: We use your information to provide you with the highest quality medical care. Examples include diagnosis, treatment, and communications such as follow-up appointments, appointment reminders, treatment alternatives, or other health-related benefits that may be relevant to your condition. To coordinate your treatment efficiently, we may share information with other facilities such as hospitals, laboratories, diagnostic services, or healthcare providers.

Before using your information for marketing purposes, we will obtain your explicit authorization. For contracted insurers, your information will be used to manage claims and obtain payment from your insurance provider. We may exchange both paper and electronic data with your insurance carrier for tasks such as eligibility, benefit coverage determinations, precertification, and utilization review. For workers' compensation cases, we may share information regarding work-related conditions with the employer.

How We Protect Your Information: Your information is maintained securely in our computer system, as well as in your medical chart. Shades Valley Dermatology, LLC limits access to your protected health information to those employees and business associates who need to know the information in order to provide services to you.



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Your Rights: You have the right to inspect, amend, copy, and receive an accounting of disclosures of your medical and billing records. However, some exceptions may apply.

Disclosures of Personal Information: We do not disclose personal information to third parties unless one of the following exceptions applies:

- We receive explicit written authorization from you to release identifiable information. This authorization will specify the details, such as the recipient of the information, the nature of the information, and the dates involved. You may revoke this authorization by providing a written statement to our Privacy/Security Officer.
- Federal, state, or other applicable laws may require us to share your protected information. For example, we may disclose your information to health agencies for purposes such as licensure, certification, audits, investigations, and inspections. We may also disclose information to law enforcement in response to a subpoena or court order. Other disclosures could be required by law for military service, national security activities, or to assist coroners or funeral directors in their duties.

Changes to This Notice: We are obligated to comply with the terms of this notice. We may contact you for permission to use or disclose your information for purposes not described in this Notice of Privacy Practices. We will notify you if your information is involved in an unsecured breach. We also reserve the right to amend this Notice of Privacy Practices and apply the new provisions to all health information we maintain.

Complaints: If you believe your privacy rights have been violated or wish to file a complaint about how we manage your health information, please contact our Privacy/Security Officer at (205) 578-1799. You also have the right to file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Optional Uses of Protected Health Information (PHI):

- **Research Studies:** Your medical information may be reviewed by our medical staff for possible inclusion in research studies. We will contact you before using your information for any research purposes.
- **Fundraising:** We may contact you for fundraising purposes. However, you will have the opportunity to opt out of such communications at any time.
- **Communications:** To coordinate your care or service your account, Shades Valley Dermatology, LLC and its agents may contact you by telephone, including wireless telephone numbers, which could result in charges. Additionally, we may contact you via text messages or emails, using any contact information you have provided. Communications may include prerecorded or artificial voice messages or the use of automatic dialing devices, as applicable.