Notice of Privacy Practices

This notice describes how medical 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: Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C. This notice describes the privacy practices at Atlanta Center for Dermatologic Diseases, P.C.

We are required by law to:
· Maintain the privacy of protected health information
· Give you this notice of our legal duties and privacy practices regarding your health information
· Follow the terms of the notice currently in effect.

How we may use and disclose your health information
Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to: Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C.,
Treatment. We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
Payment. We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.
Health Care Operations. We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.
Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.
Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
Research. We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.
As Required by Law. We will disclose your health information when required to do so by international, federal, state or local law.
To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.
Business Associates. We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.
Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.
Worker's Compensation. We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
Public Health Risks. We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary to 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 dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information 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 your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.
Coroners, Medical Examiners, and Funeral Directors. We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.
National Security and Intelligence Activities. We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.
Inmates or Individuals in Custody. If you are an inmate of a correctional institution or in custody we may disclose your information 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

Your Rights Regarding Your Health Information
Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records by written request to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076.
Right to Amend. You have the right to request an amendment to your records by written request to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076.
Right to an Accounting Of Disclosures. You have a right to an accounting of certain disclosures by written request to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076.
Right to Request Restrictions. You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076. We are not required to agree with your request, but we will try to comply. You may also request a restriction in release of information to your insurance company when you pay by cash in full for a visit. Notice must be given prior to visit and patient must remain cash paying.
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 can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and be addressed to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076 We will accommodate reasonable requests.
Marketing. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Please notify us in writing know if you would like to opt out of these services.
Breach Notification. Breach Notification: We see it as our duty to notify you in a timely manner if we become or are made aware of a breach of your unsecured protected health information.

Changes To This Notice
We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to Privacy Officer, Atlanta Center for Dermatologic Diseases, P.C., 1265 Upper Hembree Road, Suite 100, Roswell, GA, 30076.