



Notice of Privacy Practices

Effective Date: 5-1-2012

THIS NOTICE DESCRIBES HOW MEDICAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of Protected Health Information. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal obligations and the privacy practices that we maintain in our practice concerning your Protected Health Information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We reserve the right to revise or amend this Notice. Any revision or amendment to this notice will be effective for all Protected Health Information that our practice has created as well as any future records. A copy of our current Notice will be posted at all times and you may request a copy of the current Notice at any time.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Lindsey Breedlove
RIVERGATE DERMATOLOGY
201 BLUEBIRD DR
GOODLETTSVILLE, TN37072
615-859-7546

WHAT IS PROTECTED HEALTH INFORMATION

Protected Health Information is information that individually identifies you and that we create or get from you or from another health provider, health plan, employer, or health care clearinghouse that relates to your past, present or future health conditions, the provision of health care to you, or the past, present, or future payment for your health care.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use Protected Health Information to give medical treatment or services as well as to manage and coordinate your medical care. For example, we may disclose your Protected Health Information to doctors, nurses or other personnel who are involved in taking care of you including those outside our practice, such as referring or specialist physicians.
2. **Payment.** Our practice may disclose your Protected Health Information in order to bill and collect payment for the services you receive from us and can collect from you, an insurance company, or a third party. We may also provide your health plan with information about a treatment you are going to receive in order to obtain your benefits. If a bill is past due we may need to give Protected Health Information to a collection agency to the extent necessary to collect the bill.
3. **Health Care Operations.** Our practice may use and disclose your Protected Health Information for the operation of our business. We may use your Protected Health Information to evaluate the quality of care you received from us or to conduct management activities, audits, or legal services. We may give your Protected Health Information to other health care entities for their health care operations, for example, to your insurance carrier for its quality review purposes.
4. **Appointment Reminders, Treatment Alternatives, or Health Related Benefits.** We may use and disclose your Protected Health Information to contact you to remind you of an appointment. The privacy rule does not prohibit leaving messages for patients disclosing limited information on their answering machines. We may also contact you regarding possible treatment alternatives or to discuss your benefits for a treatment.
5. **Minors.** Our practice may disclose Protected Health Information of a minor to their parents or guardians unless such disclosure is otherwise prohibited by law.
6. **Personal Representative.** If there is a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your Protected Health Information.
7. **As Required by Law.** Our practice will disclose your Protected Health Information when we are required to do so by international, federal, state, or local law.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES SUCH AS THE FOLLOWING:

1. **Public Health Risk.** Our practice may disclose your Protected Health Information that are authorized by law to collect information for the purpose of:
 - a. Maintaining vital records, such as births or deaths
 - b. Reporting child abuse or neglect
 - c. Preventing or controlling disease, injury or disability
 - d. Notifying a person regarding potential exposure to a communicable disease
 - e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - f. Reporting reactions to drugs or problems with products or devices
 - g. Notifying appropriate government authority regarding the potential abuse or neglect of an adult patient including domestic violence if the patient agrees or we are required or authorized by law to disclose.
2. **Health Oversight Activities.** Our practice may disclose Protected Health Information to a health agency for activities authorized by law. These oversight activities include audits, investigations,

inspections, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

3. **Lawsuits and Disputes.** Our practice may disclose your Protected Health Information in response to a court or administrative order. We may also disclose in response to a discovery request, subpoena, or lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information requested.
4. **Law Enforcement.** We may release Protected Health Information if asked to do so by a law enforcement official:
 - a. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
 - b. Concerning a death we believe has resulted from criminal conduct.
 - c. Regarding criminal conduct at our office.
 - d. In response to a warrant, summons, court order, subpoena or similar legal process
 - e. To identify/locate a suspect, material witness, fugitive or missing person
 - f. In an emergency to report a crime, the location or victims of the crime, or the identity, description or location of the perpetrator.
5. **National Security.** Our practice may release Protected Health Information to authorized federal officials for national security activities authorized by law.
6. **Inmates.** Our practice may disclose your Protected Health Information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you, (2) for the safety and security of the institution, and to protect your health and safety or the health of others.
7. **Coroner, Medical Examiners, and Funeral Directors.** Our practice may release Protected Health Information to a coroner, medical examiner, or funeral directors so that they can carry out their duties.
8. **Serious Threats to Health or Safety.** Our practice may use and disclose your Protected Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of others. We will only make disclosures to a person or organization able to help prevent the threat.
9. **Military.** Our practice may disclose your Protected Health Information if you are a member of the armed forces as required by the military command authorities.
10. **Business Associates.** Our practice may disclose Protected Health Information to our business associates who perform functions on our behalf or provide services on our behalf only if the Protected Health Information is necessary for those functions or services. All business associates are obligated, under contract with us, to protect the privacy of your Protected Health Information.
11. **Research.** Our practice may disclose information to researchers when their research has been approved by the institutional review board that has reviewed the research proposal and has protocols in place to ensure the privacy of your Protected Health Information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your Protected Health Information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your Protected Health Information to certain individuals involved in your care or the payment of care, such as family members or friends. We are not required to agree to your request. If we agree, we are bound by our agreement unless we terminate our agreement or when otherwise required by law, in emergencies.

2. Confidential Communications. You have the right to request that our practice communicate with you only in certain ways to reserve your privacy. Your request must be in writing and must specify how or where we are to contact you. Our practice will accommodate reasonable request.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the Protected Health Information that may be used to make decisions about your care or payment for your care. But you do not have a right to inspect or copy psychotherapy notes. All requests must be in writing and our practice may charge a fee for the cost of copying, mailing and supplies associated with your request. Our practice may deny your request in certain limited circumstances; however, you may request a review of our denial by another licensed healthcare professional who was not directly involved in the denial.

4. Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format, otherwise known as electronic medical record or electronic health record, you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. Our practice may charge a reasonable fee for the labor or supplies associated with transmitting the electronic medical record.

5. Amendments. You may ask us to amend your Protected Health Information if you believe it is incorrect and it the information is kept by us or for us. A request must be in writing to the Privacy Officer and it must include a reason to support the request. We may deny a request that is not in writing and does not include a supporting reason. We may also deny your request if you ask us to amend information that (1) is accurate and complete (2) is not part of the Protected Health Information kept by or for our practice (3) not created by our practice (4) is not information that you would be permitted to inspect or copy. If your request is denied, you may submit a written statement of disagreement that will be kept in your medical record, but we may also include a rebuttal statement.

6. Accounting of Disclosures. You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment or health care operation purposes, unless the disclosures were made through an electronic medical record, in which case you have the right to request an accounting of those disclosures that were made during the 3 years before your request, (2) disclosures made with your authorization, (3) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must have a time period which may not be longer than 6 years before your request. Your request should in what form you would like the accounting such as, paper or electronic. The first request within a 12-month period will be done at no cost. Additional request during that time period we may charge you a reasonable fee. We will inform you of these charges and you may withdraw your request before any costs are incurred.

Notice of Security Breach. Our practice is required to notify you by mail or by your preferred communication preference, of any breach of your Unsecured Protected Health Information as soon as possible and no later than 60 days after discovery. Unsecured Protected Health Information is Protected Health Information that has not been made unusable, unreadable and undecipherable to unauthorized users. We will give a short description of the happened, the date of the breach and the date it was discovered. As well as, the steps you should take to protect yourself and the steps we are taking to investigate the breach, mitigate the losses and protect against further breaches. We will also include contact information where you can ask questions. If a breach contains 10 or more patients whose contact information is out of date we will post the breach in a major print, broadcast media or on our website.

Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice at any time. To obtain a paper copy contact our Privacy Officer.

Right to Provide an Authorization for Other Uses and Disclosures.

Our practice will obtain your written authorization for uses and disclosures that are not identified in this Notice or permitted by law. Any authorization you provide to us regarding the use and disclosure of your Protected Health Information may be revoked at any time. Your authorization must be revoked in writing to our Privacy Officer. After you revoke your authorization, we will no longer use or disclose your Protected Health Information for the reasons described in the authorization.

Disclosures That Require Us to Give you an Opportunity to Opt Out.

Individuals involved in your care or payment. Our practice may disclose Protected Health Information to a person that is involved in your medical care or the payment of your medical care, such as family members or friends. Before we will disclose anything, we will provide you with the opportunity to object to such disclosure, if possible.

Disaster Relief. Our practice may disclose your Protected Health Information to a disaster relief organization that needs your Protected Health Information to coordinate your care or notify family and friends of your location or condition. Before we will disclose information, we will provide you with the opportunity to object to such disclosure, if possible.

Medical Students. Medical students may observe or participate in your treatment or use your Protected Health Information to assist in their training. You have the right to refuse to be examined, observed or treated by medical students.

Marketing. Our practice, under no circumstances, will sell our patient lists or disclose your Protected Health Information to a third party for marketing purposes. However, we may provide you with promotional specials or gifts of nominal value.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints filed with our practice should be in writing to our Privacy Officer listed at the beginning of this Notice.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

Lindsey Breedlove
Rivergate Dermatology, PLLC
201 Bluebird Dr.
Goodlettsville, TN 37072
615-859-7546



Keith H. Loven ,MD
C. Drew Claudel, MD
E. Ray Claud, PA-C

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ have been given the opportunity to read a copy of Rivergate Dermatology and Skin Care Center's Notice of Privacy Practices. I also understand that I have a right to request a copy of the Notice for my records.

Patient Name(print) _____

Signature of Patient _____
/legal Representative

Relationship to Patient _____

Date _____

For Office Use Only

I have attempted to obtain the patient's signature for the Notice of Privacy Practices, but was unable for the following reason:

Date: _____ Initials: _____

