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DERMATOLOGY

ASSOCIATES OF

SAN ANTONIO

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

Dermatology Associates of San Antonio uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Dermatology Associates of San Antonio.

How Dermatology Associates of San Antonio may use or disclose your health information

FOR TREATMENT. We may use your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. We may use your health information when referring you to other health care professionals and facilities.

FOR PAYMENT. We may use and disclose your health information to others for the purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may use your information to contact you about account balances. We may use your information to access financial assistance programs for you that may help to defray the costs associated with your care or treatment.

FOR HEALTH CARE OPERATIONS. We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by law. We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

APPOINTMENT REMINDERS AND TREATMENT CALLS. We may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

NOTIFICATION. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

COMMUNICATION WITH FAMILY. Our health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

BUSINESS ASSOCIATES. In some cases, we work with business associates to provide services on our behalf. An example includes arrangements with business associates to provide collection or research services. We may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, we require the business associate to safeguard your information.

PUBLIC HEALTH. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

DECEDENTS. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

ORGAN/TISSUE DONATION. Your health information may be used or disclosed for organ or tissue donation purposes.

RESEARCH. We may use your health information for drug or research studies when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. We may use information to identify qualified candidates for research. We may use information to make contact with you to determine your interest in the research study/clinical trials.

PHYSICIAN BOARD CERTIFICATION. We may use your health information to submit to the Professional Certification Board for purposes required for physicians' qualification to complete their specialty board examination.

HEALTH AND SAFETY. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

FOOD AND DRUG ADMINISTRATION (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

GOVERNMENT FUNCTIONS. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

WORKERS COMPENSATION. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

OTHER USES. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, we are not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy for your health record;
- Request that your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information.

Complaints

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Dermatology Associates of San Antonio

Dermatology Associates of San Antonio is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

Dermatology Associates of San Antonio reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you on our web site at www.dermsa.com or given to you upon your request at your next visit to our practice.

Contact Information

If you have any questions or complaints, please contact:

Bob Schubert
Administrator
7832 Pat Booker Road
San Antonio, TX 78233
(210) 657-9338

Effective: April 21, 2010