

# **KING DERMATOLOGY**

## **NOTICE OF PRIVACY POLICIES**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

### **Introduction**

At King Dermatology, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how or when we use or disclose that information. It also describes your rights as they relate to your protected health information as defined by Federal Law.

### **Understanding Your Health Record/Information**

Each time you visit King Dermatology, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and plan for future treatment. This information is often referred to as your health or medical record and serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charges with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: Ensure accuracy, Better understand Who, What, When, Where, and Why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of King Dermatology, the information belongs to you. You have the right to:

- Obtain paper copies of the notice of policies upon request
- Inspect and copy your health record
- Amend your health record

- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or alternative location
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use and disclose health information except to the extent that action has already taken place.

### **Our Responsibilities**

King Dermatology is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means of at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the mailing address we have on file. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 870-425-5464. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either office. The address for the OCR is listed below:

*Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, DC 20201

If any examples are needed for disclosures for Treatment, Payment, and Health Operations, these can be provided to you upon request.