- You agree to put your name in the body of an e-mail to us so we know who is sending it.
- You agree to include the category of the communication in the e- subject line of an email to us for routing purposes (such as "billing question", "prescription information", "medical advice").
- You agree to review an e-mail to us to make sure it is clear and that all relevant information is provided before sending it.
- You agree to make sure that our e-mail address is correct before sending an e-mail to us.
- You agree to send us a reply message or delivery receipt when we send you an e-mail so we know you have received it.
- You agree to take precautions to preserve the confidentiality of out e-mails, such as using screen savers and safeguarding your computer password.
- You agree to abide by all of the above during your email communications with us.

Recommendations

- In order to help protect your computer against malicious software and safeguard your information, software and system communications we recommend you install and regularly update protective software, such as firewall, anti-virus and anti-spyware programs.
- In order to help reduce the threat of people inappropriately intercepting and reading your e-mails, we recommend you use software to encrypt your e-mails that contain information you determine to be confidential

PATIENT PRIVACY

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.

Rodgers Dermatology is dedicated to maintaining the privacy of your personal health information. Each time a patient visits this office, a record is made that describes the treatments and services provided. Federal law outlines specific privacy protections and individual rights related to the information we maintain that identifies you as a patient. Protected information includes demographic data and facts about your past, present, or future physical or mental health. Our office has put in place policies and procedures to help protect your health information. We are required to provide this notice outlining our legal duties and responsibilities related to the use and disclosure of patient identifiable health information, Privacy Practices, and examples of how your information may be used or disclosed.

Our practice will abide by the terms of this notice. We may revise this notice at any time. The new notice will be posted in our office in a prominent location. You can request a copy of our most current notice at any time. Revisions to the notice will be effective for all health care information this office maintains: past, present, or future.

Practice may use your individually identifiable health information for the following purposes without your authorization:

1. **Treatment**: We may use and disclose your identifiable health information to treat you and assist others in your treatment. For instance, we may send a copy of your records to another doctor so that you can be evaluated for a specific condition, or we may disclose information to others who take part in your care, such as your spouse, children, or parents.
2. **Payment**: We may use your health information to bill and collect payment for services provided. This may include providing your insurance company with the details of your treatment, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
3. **Health Care Operations**: We may use and disclose health information to operate our business. For example, your health information may be used to evaluate the quality of care we provide, for state licensing, or to identify you by name when you visit the office.
4. **Appointment Reminders**: We may use and disclose your information to remind you of appointments. We may also mail you a reminder for follow-up visits.
5. **Treatment Options**: We may use your health information to inform you of treatment options or other health-related services we offer that may be of interest to you.
6. **Business Associates**: We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering, billing, or quality assurance. Our Business Associates agree to protect the privacy of your information.

Practice may disclose your health information without your authorization when permitted or required to by law, including:

- For public health activities including reporting of certain communicable diseases.
- For workers' compensation or similar programs as required by law.
- For product recalls
- To report adverse reactions to medications
- To authorities when we suspect abuse, neglect, or domestic violence.
- To health oversight agencies.
- For certain judicial and administrative proceedings pursuant to an administrative order.
- For law enforcement purposes.
- To a medical examiner, coroner, or funeral director.
- For the facilitation of organ, eye, or tissue donation if you are an organ donor.

- For research purposes under strictly limited circumstances.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes, such as military service or for national security.
- In the event of an emergency or for disaster relief.
- For a hospital directory
- To provide mental health care services with your prior written permission.
- To market our services and sell your information with your prior written permission.
- To raise funds, but after the first contact you can request that we not contact you again.
- In any other instance required by law.

If you are not able to tell us your preference, for example if you are unconscious, practice may go ahead and share your information if we believe it is in your best interest. Practice may also disclose your information to family members and/or other persons involved in your care or payment for your care. Practice may leave messages for you at home or work about your visits or test results. If you do not want us to do so, please inform our office in writing.

All other uses and disclosures of your information to others will require a written, signed authorization from you. You have the right to revoke your authorization at any time except to the extent that we have already acted on it. Should you require your records to be released, Practice will provide you with an authorization form to complete and return to the address listed on it.

YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF PRACTICE. THE INFORMATION CONTAINED IN IT BELONGS TO YOU. BELOW IS A LIST OF YOUR RIGHTS REGARDING INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. ALL REQUESTS RELATED TO THESE ITEMS MUST BE MADE IN WRITING TO OUR PRIVACY OFFICER AT THE ADDRESS LISTED BELOW. WE WILL PROVIDE YOU WITH APPROPRIATE FORMS TO EXERCISE THESE RIGHTS. WE WILL NOTIFY YOU, IN WRITING, IF YOUR REQUESTS CANNOT BE GRANTED.

1. **Restrictions on Use and Disclosure**: You have the right to request restrictions on how we use and disclose your health information. This includes requests to restrict disclosure of your health information to only certain individuals, or entities, involved in your care such as family members and insurance companies. We are not required to agree with your request. If we agree, we are bound to the agreement unless disclosure is otherwise required or authorized by law. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
2. **Confidential Communications**: You have the right to request that we communicate with you or someone you choose to act for you in a particular manner or at a certain location. For example, you may request that we only contact you at home. We will accommodate reasonable requests. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
3. **Access**: You have the right to inspect or request a copy of records used to make decisions about your health care, including your medical chart and billing records. This office will schedule appointments for record inspection. We may charge a fee for providing you copies of your records. Under special circumstances, we may deny your request to inspect and/or copy your records. You may request a review of this denial. You may also request an electronic copy of your records be provided. This electronic copy may be sent using E-mail to your specified address, CD for flash drive. Please note that E-mail communications are not a secure method for transport.
4. **Record Amendment**: You have the right to request amendments to your health records created by and for this Practice if you feel they are incorrect or incomplete. We may accept or deny your request. If we deny your request, you have the right to provide a statement of disagreement.
5. **Accounting of Disclosures**: You have the right to receive an accounting of disclosures. This means you may request a list of certain disclosures Practice has made of your records. Upon your request, we will provide this information to you one time free during each twelve (12) month period. There may be a fee for additional copies.
6. **Copy of Notice**: You have the right to request that we provide you with a paper copy of this notice of Privacy Practices.

When federal and state privacy laws differ, and state law is more protective of your information or provides you with greater access to your information, state law may override federal law.

If you have questions about this notice, please contact our Practice's Privacy Officer at 972-704-2400. If you feel your privacy rights have been violated, you have the right to file a written complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

There will be no retaliation for filing a complaint.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.