Central Texas Dermatology Clinic
102 Westlake Dr. Suite 100
Austin, Texas 78746

Notice of Privacy Policy

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(*Federal Register, 45* CFR 164.520)

Our Pledge Regarding Your Health Information

Central Texas Dermatology Clinic (CTDC) takes protecting your privacy very seriously. We are committed to maintaining your trust and keeping your health information confidential and secure. We call this health information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health/condition, the health care given to you, or the payment of this health care. We collect and use information that we believe is necessary to administer our business and to provide you with customer service.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. Your PHI may be used as a:

* Basis for planning your care and treatment
* Means of communication among the many health professionals who contribute to your care.
* Source of data for research
* Source of data for facility planning and marketing
* Tool in educating health professionals
* Legal document describing the care rendered
* Verification of services for which the individual or a third party payor is billed.
* Tool in evaluating the adequacy and appropriateness of care we render
* CTDC has established this Privacy Policy so that you will know why we need your PHI, how we use it, and how we protect it
* Source of information for tracking disease so that public health officials can manage and improve the health of the nation

Your Health Information Rights

Although your health record is the physical property of the healthcare facility or practitioner that created and/or collected it, the information belongs to you.
You have the right to:

* Request limits on certain uses and releases of your PHI
* Obtain a copy of this notice upon request
* See and obtain copies of your health record

* Correct or update your health record
* Receive a list of releases we have made
* Choose how we send PHI to you
* Revoke your authorization in writing to stop any future uses and releases (to the extent that we haven't taken any action relying on the authorization)

Our Responsibilities

This Practice is required to:

* Make sure that health information that identifies you is kept private
* Provide you with this notice about our privacy practices that explains our legal duties regarding your PHI
* Follow the privacy practices that are described in this notice
* Notify you if we are unable to agree to a requested restriction
* Accommodate reasonable requests you may have to communicate your PHI by alternative addresses

We reserve the right to change the terms of this notice and our privacy polices at any time. Any changes will apply to the PHI we already maintain. Should our notice change, we will make the revised notice on our website at www.centexderm.com

Except as described in this notice, we will not use or disclose your PHI in a manner inconsistent with this notice and without your written authorization.

For More Information or to Report a Problem

If you have questions or would like further information, you may contact the Privacy Officer, Theresa Farren, at (512) 327-7779 x 12

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation against you for filing a complaint about our privacy practices.

Examples of Uses and disclosures for Treatment, Payment and Health Care Operations

We will use your health information for treatment.

We may release your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their

observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

We may use and release your PHI in order to bill and collect payment for the treatment and services provided to you.

For example: A bill may be sent to you or a third party payer for reimbursement purposes. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular healthcare operations.

We may release your PHI in order to operate this practice.

For example: Members of the staff may use information in your health record to evaluate the quality of treatment and services that you received or to evaluate the performance of our staff in caring for you. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Description of Other Purposes We Can Use or Disclose Your Health Information

Business associates: There are some services provided in our organization through contacts with business associates. Examples include legal services, accountants and auditors, insurance agents and brokers, other insurers, consumer reporting agencies, healthcare clearinghouses, data processing firms, transcription vendors, and other covered entities. When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, we require the business associate to appropriately safeguard your PHI.

Notification: WE MAY USE OR DISCLOSE YOUR PHI TO NOTIFY OR ASSIST IN NOTIFYING A FAMILY MEMBER, FRIEND, OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE, YOUR LOCATION, AND GENERAL LOCATION.

Communication with family: We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care, unless you object in whole or in part.

Research: We may disclose PHI to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, medical examiners, and funeral directors: We may provide a coroner, medical examiner, and/or funeral director necessary information relating to an individual's death.

Organ procedure: Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entitles engaged in the procurement, banking, or transplantation of organs for

the purpose of tissue donation and transplant.

Fundraising: We may contact you as part of a fundraising effort. If you do not wish to be contacted, please contact the number previously listed.

Food and Drug Administration (FDA): We may disclose to the FDA PHI 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.

Appointment Reminders: WE MAY USE PHI TO CONTACT YOU AS A REMINDER THAT YOU HAVE AN APPOINTMENT FOR TREATMENT OR MEDICAL CARE AT THE PRACTICE.

Treatment Alternatives: We may use and disclose PHI to tell you about or recommend possible treatment alternatives, or other health care services that may be of interest to you.

Workers compensation: We may provide PHI in order to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and safety of other individuals.

Law enforcement: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant, summons, or similar process.

Government functions: If you are a member of the armed forces (for example, military personnel and veterans), we may release PHI about you as required by military command authorities or for national security purposes. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

By providing your email address, you may receive advertisement from our practice.