



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.

If you have any question about this notice, please contact our office at (248) 642-9111.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Pinnacle Dermatology (“Medical Practice”) is committed to protecting medical information about you. This Notice describes the Medical Practice’s privacy practice and that of all its employees. This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- **Give you this Notice of our legal duties and privacy practices with respect to medical information about you;**
- **Make sure that medical information that identifies you is kept private; and**
- **Follow the terms of the Notice that is currently in effect.**

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use and disclose medical information about you to provide you with

medical treatment or services. For example, your primary care physician may need to know about acne treatment you received at our office in order to coordinate other treatments you are receiving.

Payment. We may use and disclose medical information about you so that the treatments and services you receive at the Medical Practice may be billed and payment may be collected from your insurance company or a third party. For example, we may need to give to your health insurance company information about a surgery you received at the Medical Practice so your health plan will pay us or reimburse you for the surgery.

Health Care Operations. We may use and disclose medical information about you for Medical Practice operations. These uses and disclosures are necessary to run the Medical Practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders. We may use and disclose medical information about you to contact you as a reminder that you have an appointment for treatment or medical care at the Medical Practice.

Treatment Alternatives. We may use and disclose medical information about you to tell

you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information about you to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a close personal friend or family member who is involved in your medical care or payment for your care, so long as you have not objected. For example, if you bring your spouse with you to your appointment and it is reasonable to infer that you want us to discuss your medical information in the presence of your spouse, we will do so. For emergency notification purposes, we may also tell a close personal friend or family member that you are at the Medical Practice and your general condition.

Special Purposes When Permitted or Required by Law. We may disclose medical information about you for special purposes when permitted or required by law, including the following:

- To avert a serious threat to health or safety against you, the public or another person.
- For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- For organ and tissue donation and transplant to facilitate organ or tissue donation and transplant.
- For research purposes, certain or limited information may be disclosed as permitted by law.
- To workers' compensation or similar programs for the payment of benefits for work-related injuries.

- To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.
- For U.S. military and veteran reporting regarding members and veterans of the armed forces of the U.S. or foreign military.
- For national security and intelligence activities such as protective services for the President and other authorized persons.

State and Other Federal Laws. The Medical Practice will comply with all applicable state and federal laws. For example, under State law, there are more limits on the disclosure of HIV and AIDS information. The Medical Practice will continue to abide by all applicable state and federal laws.

Other Uses of Medical Information Requiring Authorization. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have many rights with regard to your medical information. If you wish to exercise any of these rights, please submit your request in writing to:

Pinnacle Dermatology
33301 Woodward Ave.
Birmingham, MI 48009
Phone: (248) 642-9111
Fax: (248) 642-3905

Your Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Your Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request for an amendment.

Your Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. Your request must state a time period. We may limit the time period to 6 years. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list.

Your Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you. We are not required by law to agree to your request. If we do agree we will comply with your request unless the information is needed to provide you emergency treatment.

Your Right to Request Confidential Communications. You have the right to request that we communicate with you about medical

matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Your Right to Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Your Right to File a Complaint. If you believe your privacy rights have been violated, or you have a complaint about your privacy practices, you may file a complaint with the Medical Practice. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Data Breach Information. You have the right to be notified upon breach of any of your unsecured Protective Health Information. The impermissible use or disclosure of Protected Health Information (i.e. a violation of the HIPAA Privacy Rule) is presumed to be a breach unless the Covered Entity or Business Associate, as applicable, demonstrates that there is a low probability that the Protected Health Information has been compromised.

Out of Pocket Payments. Individuals have the right to restrict certain disclosures of Protected Health Information to a health plan where the individual pays out of pocket in full for the health care item, service or prescription. In the case of a patient choosing to pay out of pocket for a prescribed medication, the prescribing provider could provide the patient with a paper prescription to allow the individual an opportunity to request a restriction and pay for the prescription at the pharmacy BEFORE the pharmacy has submitted a bill to the health plan. The request must be submitted in writing.

Marketing Rules. The HIPAA Privacy Rule gives individuals important controls over whether and how their protected health information is used and disclosed for marketing purposes. With limited exceptions, the Rule requires an individual's written authorization before a use or disclosure of his or her protected health information can be made for marketing. So as not to interfere with core health care functions, the Rule distinguishes marketing communications from those communications about goods and services that are essential for quality health care. *The sale of Protected Health Information is prohibited.*

Fundraising Activities. We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials please submit a written request to our office.

Business Associates. Business Associates must comply with the Security and Breach Notification Rules. Business Associates are responsible for their subcontractors.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Medical Practice and make copies available upon request.