



DermUtopia

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Notice of Privacy Policy

Our staff are trained on Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulations, and follow this Notice of Privacy Practices ('Notice'), which describes how DermUtopia may use and disclose your medical information (called "Protected Health Information" or "PHI"), and to inform you of your rights with respect to PHI in our possession. A copy of the Notice can be requested anytime or viewed via the internet at www.dermutopia.com.

A) Disclosure of Protected Health Information:

As permitted by the Privacy regulations, DermUtopia will use patient PHI to carry out Treatment, Payment and Healthcare Operations. This may include sharing PHI with your insurance plan(s), other healthcare providers involved in your care, as well as other persons (i.e., caregivers, family, friends) that you designate. You have the right to revoke this consent at any time by writing to PO Box 227, Vienna, VA, 22180.

B) Patient Care Communication Methods: Mail, Email, Text, Phone Spruce and Sadio:

HIPAA allows our practice to communicate with patients related to their care through mail, emails, text and phone. We encourage patients to download the Spruce application to connect with our clinic's end-to-end encrypted messaging system. Patients are also encouraged to log on to our secure Patient Portal (Sadio) to access your upcoming appointments and update your medical records. If you would like to discontinue or "opt-out" of a specific method, please inform our staff of your preferences.

C) Designation of Others for Disclosure of PHI – (Caregiver, Family, Friends or Personal Representative):

You may designate individuals that you want to have access or to share your information at DermUtopia. If so, please contact our staff to designate your request. DermUtopia will use professional judgment and disclose the minimum amount of PHI necessary to fulfill the request.

DermUtopia Privacy Policy

DermUtopia is required by law to keep your health information safe. This information may include the following:

- notes from your doctor or other health care providers
- medical history
- test results
- treatment notes
- insurance information

A government rule requires that you get a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act (HIPAA).
Read this notice at any time to see how your health information can be used and who can see it.

How Your Health Information May be Used or Shared

We may use or share your health information both with and without your permission, depending on the circumstances.

When Your Permission Is Not Needed

We may use or share your health information without your permission for the following reasons:

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to:
 - Get the insurance company's permission to start treatment
 - Get permission for more treatment
 - Get paid for the treatment you receive from our practice
- **Health Care Operations.** We may use and share your health information to run the clinic and make sure all patients receive good care.
- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent by email, text, Spruce message, or by phone call or voicemail message. If you do not wish to get reminders, please tell our staff.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the U.S. Department of Veterans Affairs.
- **Information About a Person Who Has Died.** We may share information with the coroner, the medical examiner, or a funeral director, as needed.

- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **Threats to Health and Safety.** Your health information may be shared if it is believed that this information will prevent a threat to your or others' health and safety.
- **Workers' Compensation.** We will share your information with the U.S. Department of Labor's Office of Workers' Compensation if your case is being considered as a work-related injury or illness.

When Your Permission Is Needed

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form—called an *authorization*—to allow us to use or share your information. You are allowed to take back this authorization—called *revoking authorization*—at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Rights

You have the right to do all of the following:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will make every effort to comply with your request.
- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.

- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
 - You must request this in writing
 - You must tell us the dates of information requested and if you want a hard copy or electronic copy of those records
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the U.S. government if you think that:
 - Your information was shared or used in a way that is not allowed
 - Any of your rights were denied

Who Is Covered by This Notice

The people who must follow the rules in this notice are as follows:

- All health care professionals working at DermUtopia

How to Submit a Written Request

A written request for any of the purposes listed above may be mailed to:

PO Box 227
Vienna, VA, 22180

Written requests may also be submitted in person to the front desk during our operating hours.

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information that we already have in your file and to any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the U.S. Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing. You will not get penalized for filing a complaint.