



# Notice of Privacy Practices

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This notice describes how medical information about you may be used and disclosed by Dermatologists of Central States (DOCS) and our affiliates, and how you can get access to this information. **Please review it carefully.** Ask us if you have any questions or contact the Compliance Officer at [compliance@docsdermgroupp.com](mailto:compliance@docsdermgroupp.com) or 937-436-4142.

## Your Rights

You have the right to:

- Request a copy of your paper or electronic medical record
- Ask us to correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your rights are violated

## Your Choices

You have some choices in the way that we use and share information, especially to tell family and friends about your condition

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Provide disaster relief
- Participate in Health Information Exchanges

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you by submitting a *Request for Access to Protected Health Information*



form, with certain exceptions. We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

- For your convenience, you may also be able to use our patient portal to see some of your health information. Ask us how to do this.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete by submitting a *Request to Amend Protected Health Information* form.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. To make such a request, you must submit your request in writing to the Privacy Officer.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- 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.
- To request a restriction, you must make your request in writing to the Privacy Officer.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You must make your request for an accounting in writing to the Privacy Officer. We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Notification of a breach**

You will receive notification of any breach of your unsecured protected health information, as required by law.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- 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 to provide your health information.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Privacy Officer by calling 937-436-4142 or emailing [compliance@docsermgroup.com](mailto:compliance@docsermgroup.com).
- You can file a complaint with the U.S. 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In some cases, we never share your information unless you give us written permission. You may revoke your authorization at any time if you provide written notice to the Privacy Officer, except to the extent that it has already taken action in reliance on your authorization or as authorized by law. These situations include:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We may use and disclose your health information for different purposes including treatment, payment, and health care operations. Some sensitive information, such as HIV-related information, genetic information, substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to sensitive information in your health records. We typically use or share your health information in the following ways, without seeking your specific authorization.



### **Treat you**

We can use your health information and share it with other professionals who are treating you. We may also share this information about you with other agencies or facilities in order to provide the different things you need, such as prescriptions, lab work, and/or continuing medical care after you leave our facility.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may also use information about many patients to evaluate the need for new services or treatment.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from you, health plans or other entities. Payment activities include billing, collections, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Communicate with individuals involved in your care or payment for your care**

We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Assist with disaster-relief efforts**

When permitted by law, we may coordinate our uses and disclosures of health information with public or private entities assisting in a disaster-relief effort. If you do not want us to disclose your health information for this purpose, you must communicate this to your caregiver so that we do not disclose this information unless done so in order to properly respond to the emergency.



### **Do research**

We can use or share your information for health research. All research projects are subject to protocols to continue to protect health information. When required, we will obtain written authorization from you prior to using your health information for research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Participate in Health Information Exchanges**

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying us [compliance@docsdermgrou.com](mailto:compliance@docsdermgrou.com) or 937-436-4142.

### **Text Messaging**

By providing your phone number and signature on the portion of the Patient Consent form titled Consent to receive Phone Calls and Text Messages (or an earlier consent document), you agree that DOCS and its affiliates and agents may contact you via phone call or text message to receive information about your appointments, alerts, services and health or benefit information that may be useful to you. You understand that such messages may contain marketing information, alerts, information regarding appointments, specials, events and general information about our treatment and products, and/or your protected health information ("PHI"). Text messages are not encrypted and sent securely. Do not reply to text messages with any information other than the information that is specifically requested by the text, such as confirming an appointment, as DOCS cannot guarantee the security or confidentiality of information sent via text messaging. Message frequency varies.



Please note that consent to receive text messages from DOCS is not required as a condition to receiving services, health or benefits information.

You may opt-out of receiving text messages from DOCS by replying STOP to any text received. You may also contact DOCS via [opt\\_out@docsdermgrou.com](mailto:opt_out@docsdermgrou.com) to opt-out.

For additional information refer to our "Mobile Terms and Conditions" which can be found at: <https://docsdermgrou.com/mobile-terms.pdf>

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This notice is effective **February 7, 2023**.