**NOTICE OF PRIVACY PRACTICES**

**Acworth Dermatology & Skin Cancer Center**

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 questions about this notice or to file a complaint, please contact our Privacy Officer at Acworth Dermatology & Skin Cancer Center, 4450 Calibre Crossing, Acworth, GA 30101.

It is the policy of the practice that all physicians, staff and business associates preserve the integrity, security and the confidentiality of your protected health information (PHI).

We understand that your health information is personal. We are committed to protecting the privacy of you PHI, including your medical records and billing information. This notice describes our privacy practices with respect to your PHI. This notice applies to all PHI maintained by us and related to your treatment and care, including information created by our staff or doctor while treating at our facility. This notice applies to the PHI we receive from your other treatment providers/

The law requires that we:

1. Safeguard your PHI.
2. Give you this notice of our legal duties and privacy practices
3. Follow the privacy practices outlined in this notice.

**HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We may use and disclose your PHI for treatment and to coordinate or manage your healthcare and related services.

We may also use or disclose your PHI without your prior authorization for the following purposes: for public health activities; to comply with federal, state or local laws; to report incidents of abuse or neglect; for law enforcement purposes; in the course of a judicial or administrative proceeding; for health oversight audits or inspections.

We may contact you for appointment reminders or to relay laboratory or biopsy results or communicate with individuals directly involved in your care, e.g. your spouse, adult sibling, relative, friend or caregiver. By providing the practice with your email address and phone numbers, you are agreeing to email or voice mail appointment reminders. You must notify us in writing of your objections to be reminded of an appointment or to leave detailed message on your voice mail or answering machine.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing your PHI. If you choose to authorize our use or disclosure of your PHI, you can later revoke that authorization by notifying us in writing of your decision.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

In most cases, you have the right to request to look at or obtain a copy of your PHI. If you request copies, we may charge you a fee for the cost of copying, related supplies or postage.

If you believe that information in your designated record set is incorrect or if important information is missing; you have the right to request that we amend the records. Your request must be submitted in writing and include your reason for the amendment. We may deny your request to amend a record if the information was not created by us, if it is not part of our records or if we determine that the record is accurate. We will notify you of our decision in writing. If we deny your request to amend your PHI, you may submit a written request.

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records.

**CHANGES TO THIS NOTICE**

We may change our privacy policies and the terms of this notice at any time. Changes will apply to the PHI we already have, as well as new information obtained after the change occurs. You can request a copy of the current notice at any time by contacting the Privacy Officer.

**COMPLAINTS**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you should contact our Privacy Officer.

You may file a complaint with our practice or with the US Department of Health and Human Services Office of Civil Rights. To file a complaint with our practice contact Privacy Officer, Acworth Dermatology and Skin Cancer Center, 4450 Calibre Crossing, Acworth, GA 30101.