

APEX SKIN CENTER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT OUR HIPAA COMPLIANCE OFFICER AT THE CONTACT INFORMATION AT THE END OF THIS NOTICE.

Effective Date: August 1, 2024

If you have any questions about this notice, contact the Apex Skin Center Privacy Officer at (919) 762-6845.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Apex Skin Center, PLLC, any health care professional authorized to enter information into the medical record maintained by Apex Skin Center, PLLC, and any persons or companies contracted for services to help operate our practice and who have access to your **Protected Health Information (PHI)**.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that your **PHI** and your health is personal. We are committed to protecting **PHI** about you. We create a record of the care and services you receive from Apex Skin Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by Apex Skin Center, whether made by Apex Skin Center personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your **PHI**.

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

We are required by law to:

- Make sure that **PHI** is kept private;
- Give you this notice of our legal duties and privacy practices at Apex Skin Center, and your legal rights, with respect to **PHI** about you; and
- Follow the terms of the notice that is currently in effect.

Protected Health Information is information that individually identifies you. We are required by federal and state laws to maintain the privacy of your **PHI** and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your **PHI**. **PHI** may be used and disclosed by your physician, our office staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future physical conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information.

For your Treatment: Your **PHI** may be provided to a physician or healthcare provider (including a specialist or laboratory) to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.

For Payment: Your **PHI** may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you receive from us. As an example, we may need to give your health plan information of your treatment in order for your health plan to release payment for that treatment.

For Health Care Operations: We and our business associates may use and disclose **PHI** about you for health care operations. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, medical students and other authorized personnel for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/ Health-Related and Services: We may use and disclose your **PHI** to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.

Contact by Email, Phone Call, or Text Message: If you have provided us with an email address or a land line or mobile telephone number, we may use that information to contact you to coordinate your health care, make you aware of services that may benefit you, or discuss your bill. We may also use and disclose your information to make notifications about clinic closures or delays.

As required by Law: We will disclose your **PHI** when required to do so by international, federal, state, or local law.

Marketing & any purposes which require the sale of your information: These disclosures require your written authorization.

Any other uses and Disclosures not recorded in this Notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your **PHI**, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in this authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The Right to Inspect and Copy: Under federal law you have the right to inspect and copy your *PHI* (we have up to 30 days to make your **PHI** available to you, fees may apply). You have a right to a Summary of your **PHI** instead of the entire record, or an explanation of the **PHI** which has been provided to you so long as you agree to this alternative form and agree to pay the associated fees.

The Right to an Electronic Copy of Electronic Medical Records: You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request however if it is not readily producible by us, we will provide it in either our standard format or in paper copy form (fees may apply).

The Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured **PHI**.

The Right to Request Restrictions: You have the right to request a restriction or limitation on the **PHI** we use or disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your **PHI** and by law we must comply when the **PHI** pertains solely to a health care item or service which the health care provider involved has been paid for out of pocket in full. You also have the right to request a limit on the **PHI** we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our HIPAA Compliance Officer with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your **PHI** for treatment purposes. Apex Skin Center, PLLC is not required to agree to such requested restrictions; however, if Apex Skin Center, PLLC does agree to my requested restriction(s), such restriction(s) are then binding.

The Right to Request Amendments: If you feel that the **PHI** we have is incorrect or incomplete, you may request an amend to the information. A request and the reason for the requested amendment must be made in writing to the HIPAA Compliance Officer at the information at the end of this Notice. In certain cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy.

The Right to an Accounting of Disclosures: You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred six years prior to the date of request. Your request must be made in writing and you must indicate in what form you want the list, for example on paper or electronically. The first accounting of disclosures in any 12-month period will be free. Any additional requests within that same time period we may charge reasonable costs. You may withdraw or modify your request before the costs are incurred.

The Right to Request to Receive Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests and will not ask the reason for your request.

The Right to Revoke this Consent: You must submit such revocation to Apex Skin Center, PLLC in writing. The revocation shall be effective except to the extent that Apex Skin Center, PLLC has already taken action in reliance on the Consent. Apex Skin Cener, PLLC may refuse to treat you if you do not sign this Consent Form or if you or authorized representative sign the consent form and then revoke consent (except to the extent that Apex Skin Center, PLLC is required by law to treat individuals).

Complaints:

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us you must make it in writing to our HIPAA Compliance Officer at the information at the end of this Notice. Complaints must be submitted within 180 days of when you knew of or suspected the violation. **There will be no retaliation against you for filing a complaint.**

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W. Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hippa/ for more information. **There will be no retaliation against you for filing a complaint.**

Apex Skin Center, PLLC reserves the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. If Apex Skin Center, PLLC does change the terms of its Notice of Privacy Practices, you may obtain a copy of the revised Notice by requesting the Notice from the Practice's Front Office.

If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer, in person or by phone at the number listed at the bottom of this Notice. You have the right to request a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. A copy of this Notice may also be found on our website