

Peak Dermatology
2009 W. Littleton Blvd. Suite 100
Littleton, CO 80120

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.

Peak Dermatology Professional LLC is required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we describe them in this notice.

Peak Dermatology is committed to our legal duty to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice and seek your acknowledgement of receipt of this notice.

USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The following are examples of the types and uses of disclosures of your protected health care information that the provider is permitted to make. Not every use or disclosure will be listed; however, we have listed a few. We will not use or disclose your medical information for any purpose not listed below without your written consent. Any specific written authorization you provide may be revoked at any time by writing to us.

Treatment: We will disclose your protected health information to provide, coordinate, or manage your health care and any related services (i.e. referring physician) as part of the continuity of care regarding your treatment.

Payment: We may use and disclose your medical information for payment purposes.

Health Care Operations: We may use and disclose your medical information for our health care operations. This might include what an employee has written in your medical record as part of that employee's review.

Business Associates: We may share your protected health information with a third party "business associate" that performs various activities (e.g. billing). Whenever an arrangement between a business associate and Peak Dermatology involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Facility Directory: We collect and use your information to administer our business, to advise you about our products and services. We may collect and maintain several types of information needed for these purposes. These would include: Your Name, Address, Home Phone, Work Phone, Employer, Employer Address, Social Security Number, Date of Birth, Emergency Contact, Past Medical History, and Medications. We maintain physical, electronic, and organizational safeguards to protect customer information. We continually review our policies and practices, monitor our computer network, and test the strength of our security in order to help us ensure the safety of our patient information.

Court Orders, Judicial and Administrative Proceedings, Safety Issues: We may disclose information in response to a court order, administrative order, subpoena, discovery request, or other lawful process. We may also disclose information to: (a) Public health authority or to a person who is at risk of contracting or spreading your disease; (b) Health Oversight Agencies for activities authorized by law, such as audits, investigations, and inspections; (c) Appropriate authorities to

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report child/victim abuse, neglect or domestic violence; (d) Food and Drug Administration as required by law to track products; (e) In the course of legal proceedings, for law enforcement purposes, such as pertaining to victims of a crime, abuse or to prevent a crime; (f) For the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes; (g) To researchers when their research has been approved by the Institutional Review Board or Privacy Board; (h) To military supervisors of Armed Forces personnel or to custodians of inmates, as necessary; (i) To comply with worker's compensation laws; (j) To the department of Health and Human Services to investigate our compliance.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- (a)** Inspect your medical record. However, we may refuse to provide access to certain psychotherapy notes or information for civil or criminal proceedings. **(b)** Request restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment, or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction applied. We are not required to agree to a restriction that you may request; but if we do agree, then we will act accordingly. **(c)** Get copies of your information. This information will be photocopied, however, you may request that we provide copies in a format other than photocopies (i.e. fax). We will use the forms you request unless it is not practical for us to do so. **You must make your request in writing.** You may get the form to request access by using the contact information in the header of this notice. If you request copies, we will charge you fifty cents for each page, and postage if you want the copies mailed to you. **(d)** Receive a list of all the times we shared your medical information for treatment, payment, or health care operations. **(e)** Request to receive confidential communication from us by alternative means or at an alternative location. Your request that we communicate your information to you by different means or locations must be in writing to the contact person listed at the beginning of this notice. If your request requires a charge, you will be notified prior to the information being processed. **(f)** Ask us to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement to be maintained with your files. **(g)** Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. **(h)** File a complaint if you believe we have violated your medical information privacy rights. You have the right to file a complaint with our practice, or directly to the Secretary of Health and Human Services. There will be no retaliation for your filing a complaint.

OUR COMMITMENT TO YOU

We value you as a patient and take your personal privacy seriously. We will inform you of our policies and procedures for collecting, using, securing, and sharing non-public personal information the first time we do business and every time you are a patient.