

or for use in, a civil, criminal, or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your Health Information be reviewed. Another licensed health-care professional will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you request a copy or summary of explanation of your Health Information, we may charge you a reasonable fee for copying costs, including the cost of supplies and labor, postage, and any other associated cost in preparing the summary or explanation.

► **Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your Health information for treatment, payment, and health care operations, as well as disclosures to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree to, such requests.

► **Right to Alternative Communication.** You have the right to receive confidential communications of your Health information by different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail.

► **Right to Receive a Copy of this Privacy Notice.** You have the right to receive a paper copy of this Privacy Notice upon request.

► **Right to Request an Amendment of Your Health Information.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked use to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by us or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.

► **Right to an Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of disclosures of Your Health Information made by us within six years prior to the date of your request. The accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based on your Authorization; disclosures that are part of a Limited Data Set; incidental disclosures; disclosures to persons involved in your care or payment for your care; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; or disclosures that occurred prior to April 13, 2003. You must submit a request in writing to the address below. Your request must state how you would like to receive the report (paper, electronically). The first accounting of your request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

If you want to exercise any of these rights, please contact the Privacy Officer. All requests must be submitted to us in writing on a designated form (which we will provide for you), and returned to the attention of our Privacy Officer at the address below.

7260 Halcyon Summit Drive  
Montgomery, AL 36117



# HERRON & BODIFORD

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## DERMATOLOGY AND LASER

### Notice of Privacy Practices

Effective Date: January 2016

**THIS NOTICE DESCRIBES HOW  
MEDICAL INFORMATION ABOUT  
YOU MAY BE USED AND DIS-  
CLOSED, AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

*If you have questions  
about this notice, our policies,  
or practices please contact*

**Herron & Bodiford  
7260 Halcyon Summit Drive  
Montgomery, AL 36117  
(334) 277-3332**

We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice Of Privacy Practices (or "Notice") describes how we will use and disclose protected information and data that we receive or create related to your healthcare.

**Our Duties.** We are required under the federal health care privacy rules (the "Privacy Rules"), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnosis, treatment, claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies, and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for Health Information that we maintain and use, as well as for any Health Information we may receive in the future. Should the terms of this Privacy Notice change, we will promptly distribute a revised copy of this notice to you. Revised Privacy Notices will be available at our office for individuals to take with them and we will post a copy of revised Privacy Notices in a prominent location in our office.

## **PERMITTED USES AND DISCLOSURE OF YOUR HEALTH INFORMATION**

**General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your Health Information for the following purposes, without obtaining your permission or authorization:

► **Treatment.** We are permitted to use and disclose your Health Information while we provide, coordinate or manage your health care. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and will be used to determine the course of treatment that should work best for you. Your physician will put in your record his or her expectations of the members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also provide other healthcare providers with your information to assist them in treating you.

► **Payment.** We are permitted to use and disclose your Health Information to obtain or provide compensation or reimbursement for providing your healthcare. For example, a bill sent to your insurance company may include information that identifies you, as well as your diagnosis, procedures, and supplies used in your treatment. As another example, we may disclose information about you to your health plan so that the health plan may determine your eligibility for payment for certain benefits.

► **Health Care Operations.** We are permitted to use and disclose your Health Information during our health care operations, including, but not limited to: quality assurance, auditing, licensing, or credentialing activities, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to patients.

► **Appointment Reminders/Treatment Alternatives.** We may use or disclose your Health information to remind you of an appointment for treatment and medical care at our office or to provide you with information regarding treatment alternatives or other health related benefits and services that may be of interest to you.

► **Business Associates.** We are permitted to disclose your Health Information to our business associates who provide services to us. However, our business associates are required to protect your Health Information.

► **Notification of Family.** We are permitted to disclose your Health Information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition.

► **Communication with Family.** We are permitted to disclose to a family member, other relative, close personal friend or any other person you identify, Health Information relevant to that person's involvement in your care.

► **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

► **Coroner, Medical Examiner, Funeral Director.** Consistent with applicable law, we may disclose Health Information to funeral directors, coroners, and medical examiners to help them carry out their duties. This may be necessary, for example, to determine a cause of death.

► **Organ Procurement Organizations.** Consistent with applicable law, we may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

► **Fundraising.** We may use certain Health Information for purposes of raising funds.

► **Use and Disclosures Required by Law.** We may use or disclose your Health Information when required to do so by law, including, but not limited to: reporting abuse, neglect, and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be result of criminal conduct.

► **Public Health Activities.** As required by law, we may disclose your Health Information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying persons who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

► **Food and Drug Administration (FDA).** We may disclose to the FDA certain Health Information relative to adverse events, product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

► **Abuse, Neglect or Domestic Violence.** We may disclose your Health Information to appropriate governmental authorities, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

► **Regulatory Agencies.** We may disclose your Health Information to a health care oversight agency for activities authorized by law, including, but not limited to licensure, investigations, and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs and compliance with civil rights.

► **Judicial and Administrative Proceeding.** We may disclose your Health Information in response to requests made during judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.

► **Law Enforcement Purposes.** We may disclose your Health Information to law enforcement officials when required to do so by law. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

► **Threats to Public Health or Safety.** We may disclose or use Health Information if we believe, in good faith, consistent with ethical and legal standards that it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person, or is necessary for a law enforcement to identify or apprehend an individual.

► **Specialized Government Functions.** If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities. We may also disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.

► **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

► **Workers Compensation.** We may disclose your Health Information to your employer to the extent necessary to comply with Alabama laws relating to worker's compensation.

► **Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your Health Information: (1) for the creation of facility directories, (2) to disaster relief agencies, and (3) to family members/close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.

► **Uses and Disclosures Which Require Written Authorization.** As required by the Privacy Rules, all other uses and disclosures of your Health Information will be made only with your written Authorization. For example, in order to disclose your Health Information to a company for marketing purposes, we must obtain your Authorization. Under the Privacy Rules, you may revoke your Authorization at any time. The revocation of your Authorization will be effective immediately, except to the extent that (1) we have relied upon it previously for the use and disclosure of your Health Information, (2) if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself, or (3) where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

**Complaints.** If you believe that your privacy rights have been violated, a complaint may be made to our privacy officer at 334-277-3332. You may also submit a complaint to the Secretary of the Department of Health and Human Services at The Office of Civil Rights, The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201. 202-619-0257 or toll free at 877-696-6775. We will not retaliate against you for filing a complaint.

**Changes to This Notice.** We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility.

Notice Effective: June, 2005

## **PATIENTS RIGHTS**

You have many rights concerning the confidentiality of you health information.

**Right To Inspect or Copy Your Health Information.** Upon written request, you have the right to inspect and copy your Health Information contained in a designated record set, maintained by or for us. A "designated record set" contains medical and billing records and any other records that we may use for making decisions about you. However, we are not required to provide you access to all Health Information that we maintain. For example, the right of access does not extend to information compiled in reasonable anticipation of,