

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**