## Westmoreland Dermatology & Surgery Center

## **Disclosures of Health Information**

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. This Notice will take effect on April 14, 2003 and will remain in effect until it is amended or replaced by us. It is our right to change our privacy practices provided law permits the changes. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

I understand that members of the Westmoreland Dermatology staff will strive to keep all health information confidential, using it for only the following purposes:

- A) Treatment: We may use your health information to provide you with our professional services.
- B) **Disclosure**: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. Health information about you may be disclosed to your family, friends, and/or other persons you choose to involve in your care.
- C) **Payment**: We may use and disclose your health information to seek payment for services we provide to you. This would involve our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and or collecting unpaid balances.
- D) **Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. Under emergency situations or if you are incapacitated, we will use our professional judgment to disclose only information that is directly related to your care.
- E) **Healthcare Operations**: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.
- F) Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery, requests or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.
- G) **Abuse or Neglect**: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.
- H) **Public Health Responsibilities**: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease or infection exposure and to prevent and control disease, injury or disability.
- I) Marketing Health Related Services: We will not use your health information for marketing purposes.
- J) **National Security** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.
- K) **Appointments/Telephone Calls**: We may use your health information to provide you with appointment reminders or changes, including, but not limited to voicemail messages or letters.

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## **Patient Rights Statement**

**Access**: Upon written request, you have the right to inspect and get copies of your health information. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. An appointment can be made for you to review your records by contacting our office. If copies are requested of medical records there is a \$15.00 charge for pages 1- 15 and \$1.00 per page for any additional pages. These fees must be paid when the release is signed, before the records are copied.

**Amendments**: You have the right to amend your healthcare information, if you feel that it is inaccurate or incomplete. This excludes any treatment we may have made to you prior to this notice. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Non-Routine Disclosures**: You have the right to receive a list of non-routine disclosures we have made of your health care information. Any lists of non-routine disclosures prior to April 1, 2003 will not be released.

**Restrictions**: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement, except in emergency situations. Please contact our office if you want to place further restrictions on access to your health care information. This request must be submitted in writing.

Questions and Complaints: You have the right to file a complaint with us if you feel that we have not complied with our privacy policies. Your complaint should be directed to our Office Manager. If you feel that we have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can submit a complaint in writing. You can request a complaint form from our Office Manager. We support your right to privacy of your information.

You may contact us at: Westmoreland Dermatology and Surgery Center

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