

Notice of Privacy Practices for Wasatch Dermatology
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AN HOW YOU CAN GET ACCESS TO THIS INFROMATION.
PLEASE REVIEW IT CAREFULLY

Privacy Promise:

We understand that your medical health information is personal. It is important to us to keep you health information protected. This notice outlines how we use your health information for the day-to-day operations of our office. It also outlines your rights as a patient and our duties as a medical practice.

Uses and Disclosures:

Day-to-day operations that ***do not*** require your written authorization:

- **Treatment**: Your health information may be used by staff members or be disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in you medical record to al health professionals who my provide treatment or who may be consulted by staff members.
- **Payment**: Your health information may be sued to seek payment from you health plan, from other sources of coverage, such as, an automobile insurer or from a credit card company that you may use to pay for services. Your health plans my request and receives information on dates-of-service, the service(s) provided and the medical condition being treated.
- **Health Care Operations**: Your health information may be used as necessary to support day-to-day activities and management of Wasatch Dermatology. For example, information on the services you received may be used to support budgeting and financial reporting and activities to promote quality care.
- **Law Enforcement**: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.
- **Public Health Reporting**: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State's Public Health Department.
- **Appointment Reminders**: Your health information will be used by our office to send you appointment reminders.

Other Uses and Disclosures Require Your Authorization:

Disclosure of your health information or it uses for any purpose other than those listed above require **your** specific written authorization. If you change your mind after authorizing a use of disclosure of you information, you may submit a written revocation of the authorization; however, your decision to revoke the authorization **will not** affect or undo any use of disclosure of information that occurred before you notified us of you decision to revoke you authorization.

Individual Rights:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and receive a copy of your protected health information.
- The right to submit an amendment or correction to your protected health information.
- The right to receive an accounting of how and to whom you protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Duties of Wasatch Dermatology and All Staff Members:

We are required, by law, to maintain the privacy of your protected health information and to provide you with this notice of "Privacy Practices".

We are also required to abide by the privacy policies and practices that are outlined in the notice.

Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in Federal and State laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to **all** protected health information.

Complaints:

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Wasatch Dermatology
5734 South 1475 East
South Ogden, UT 84405

If you believe that your privacy rights have been violated, you should call the matter to our attending by sending a letter describing the cause of your concern the same address.

Your will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person:

The name and address of the person you can contact for further information concerning our privacy practices is:

Wasatch Dermatology
ATTN: Julie A. Maughan, MD
5734 South 1475 East
South Ogden, UT 84405
(801) 475-5210