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## ***NOTICE OF PRIVACY PRACTICES***

*Effective September 2013*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE READ THIS NOTICE CAREFULLY.**

At Alamo Heights Dermatology, PA, we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality. This Notice describes the privacy practices of Alamo Heights Dermatology, PA. This Notice applies to all of the health records that identify you and the care you receive at Alamo Heights Dermatology, PA. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. We are legally required to give you this Notice and to follow the terms of the Notice that is currently in effect.

Our doctor's office follows the terms of this Notice. The doctors and other caregivers at Alamo Heights Dermatology, PA may exchange information about you as a patient. They may share your health information with each other for reasons of treatment, payment, and health care operations as discussed below.

### **HOW ALAMO HEIGHTS DERMATOLOGY, PA MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of Alamo Heights Dermatology, PA, we will use your health information within Alamo Heights Dermatology, PA and disclose your health information outside Alamo Heights Dermatology, PA for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Treatment.** We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, or other persons at Alamo Heights Dermatology, PA who need that information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside Alamo Heights Dermatology, PA who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

**Payment.** We may use and disclose your health information so that the health care you receive may be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

**Health Care Operations.** We may use your health information and disclose it outside Alamo Heights Dermatology, PA for our health care operations. These uses and disclosures help us operate Alamo Heights Dermatology, PA to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may disclose information to doctors, nurses, technicians and other persons at Alamo Heights Dermatology, PA for learning and quality improvement purposes. Lastly, you have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket.

**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

**Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at Alamo Heights Dermatology, PA.

**Legal Matters.** We will disclose health information about you outside Alamo Heights Dermatology, PA when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

**Breach Notification.** We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We are required by law to notify individuals following a breach of unsecured health information.

### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside Alamo Heights Dermatology, PA for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Alamo Heights Dermatology, PA has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and Alamo Heights Dermatology, PA facility that maintains the records about which you want the accounting. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to Alamo Heights Dermatology, PA. We will respond to you within 60 days. We will give you the first listing within any 12-month period free, but we will charge you for all other accountings requested within the same 12 months.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify Alamo Heights Dermatology, PA facility that maintains those records, and give the reason for your request. You must address your request to the Privacy Official of Alamo Heights Dermatology, PA. Alamo Heights Dermatology, PA will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of Alamo Heights Dermatology, PA. We may charge a fee for processing your request. If Alamo Heights Dermatology, PA denies your request to inspect or obtain a copy of the records, you may appeal the denial within Alamo Heights Dermatology, PA.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify Alamo Heights Dermatology, PA. The request should also describe the information you want restricted, say whether you want to limit the *use* or the *disclosure* of the information *or both*, and tell us who should not receive the restricted information. You must submit your request in writing to the medical records department of Alamo Heights Dermatology, PA. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify Alamo Heights Dermatology, PA and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to Alamo Heights Dermatology, PA. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice at Alamo Heights Dermatology, PA.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Alamo Heights Dermatology, PA or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Alamo Heights Dermatology, PA, you must submit your complaint in writing to Alamo Heights Dermatology, PA.

## **CHANGES TO THIS NOTICE**

Alamo Heights Dermatology, PA may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website, [www.alamoheightsderm.com](http://www.alamoheightsderm.com). The effective date of the Notice is on the first page in the top right corner.

***If you have questions about this Notice, you may dial 210-255-8447 and ask for the privacy official.***