



SKIN & LASER CLINIC

Patient Privacy Notice

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

If you have questions, please contact our Privacy Officer at:
Rejuv Skin and Laser Clinic

356-SKIN

This Privacy Notice is being provided to you to meet a requirement of a federal law called the Health Insurance Portability and Accountability Act, or HIPAA. It describes how we may use and disclose your protected health information for the purposes of providing treatment, obtaining payment for treatment, treatment, and continuing health care operations, and other purposes that are permitted or required by law. We are required to provide you with a copy of this notice and to abide by its terms and to ask you to sign an acknowledgement of receipt to serve as a record that you have received it. We reserve the right to change the terms of this notice if necessary. The notice is to be posted in our facility and you may request a copy at any time.

It describes your right to access and have control of your protected health information. Your protected health information is any health information, including demographic data that can be used to identify you. This information is created or received by us and may relate to your past, present, or future physical or mental health or condition.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION FOR TREATMENT, PAYMENT, & HEALTHCARE OPERATIONS

Generally speaking, most uses and disclosures occurring on a day to day basis at our Clinic, will not require patient authorization. Federal privacy rules allow us to use or disclose your protected health information in writing, orally, or by facsimile or electronic means, without your permission or authorization, for a number of reasons, related to your treatment, payment for your treatment, & conducting healthcare operations.

For example, we may use & disclose your medical information with doctors, nurses, Ambulatory Surgery centers, Certified Registered Nurse Anesthetists, pharmacists, & other medical or healthcare providers in order to provide, coordinate, or manage your health care & related services.

We may use and disclose medical information about our treatment and services to bill and collect payment from you, our insurance company, or third party payer. We may tell your health plan about care you are scheduled to receive to determine whether your plan will cover it.

Information can be used for quality assessment and improvement activities, population based activities related to improving health or reducing health care costs, protocol development, conducting training programs, licensing or credentials activities, as well as medical, legal, or management reviews.

OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION BUT WITH THE OPPORTUNITY TO OBJECT.

We will call you at home, or another number you give us, to confirm your appointment, to schedule appointment time, and gather information related to your care and scheduled procedure. We may also call you after your appointment for follow up information. If unable to talk with you on the phone, we may communicate in other ways, such as mail or e-mail, if necessary. We may leave a message on your answering machine, or provide information to an adult at your home number, unless you instruct differently.

You have the right to request how you want your protected health information communicated. For example, you may request that communications not be made at your place of work, or that all bills be sent to a certain address. We will comply with all the reasonable requests. If we believe the request is unreasonable we will communicate that to you and work with you to find a mutually acceptable solution, if possible.

OTHER WAYS WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION INCLUDES:

- *When legally required*
- *When there are public health risks to the community*
- *To report suspected abuse, neglect, or domestic violence*
- *To conduct health oversight activities*
- *In connection with judicial and Administrative proceedings*
- *For law enforcement purposes*
- *To Coroners, Funeral Directors, and for Organ Donation*
- *For research purposes, in some situations*
- *In the event of a serious threat to your health or safety*
- *For specified government functions*
- *For Worker's Compensation*

USES & DISCLOSURES THAT REQUIRE AUTHORIZATION

Uses and disclosures that do not fall into any of the categories listed above typically require an authorization. Examples of when an authorization is needed include:

- *Disclosures of medical information to an employer for return to work slip*
- *Disclosures of medical information to a school for a return to school slip*
- *Disclosures for marketing*
- *Disclosures for research, in some cases*

You may revoke an authorization, in writing, and any time. Rejuv Skin and Laser Clinic will not be held accountable for disclosures made prior to the revocation.

We will keep an accounting of disclosures made for reasons beyond providing treatment, obtaining payment for treatment, and conducting health care operations. You have the right to request an accounting of such disclosures in writing. There are some circumstances in which the request may be denied, such as if the discloser was made for a legal investigation, psychotherapy notes, or information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would reveal the source of the information.

You have the right to request, in writing, that your information be amended. Rejuv Skin and Laser Clinic may accept or deny the request. If the request is denied, we will provide you with a written denial letter. You have the right to submit a statement of disagreement and the Clinic has the option of responding with a written rebuttal.

OTHER RIGHTS REGARDING YOUR HEALTH INFORMATION

- *The Right to inspect and copy your protected health information as HIPAA allows*
- *The Right to restrict the uses and disclosures of your protected health information*

Protecting the privacy of patient information is a responsibility we take seriously. Therefore, we will use reasonable safeguards with all forms of communication to prevent uses and disclosures that are not permitted in the Privacy Rule. All forms of communication will be limited to that which is minimally necessary to achieve the intended purpose.

We will take reasonable precautions to keep any of your records, or protected health information, out of view from other patients, or public areas. We will attempt to keep conversations quiet when discussing patient information. Some of our patients are hard of hearing, or need to have information repeated several times. This may mean that you will hear information inadvertently. We hope you will respect the privacy of that person.

You have the right to file a complaint, in writing, with our Privacy Officer or with the government, without fear of intimidation, or retaliation if you feel we have breached your privacy rights at:

**Rejuv Skin and Laser Clinic
3003 32nd Ave S Suite 200
Fargo, ND 58103
- Or -
Office of Civil Rights
U.S. Dept. of Health & Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington D.C. 20201**

**Or call:
1-800-368-1019**