



## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

### **Our commitment to your privacy**

As your chosen dermatology provider, Driftless Skin Center, P.C. is dedicated to maintaining the privacy of your identifiable protected health information (PHI). In conducting our business, we will create records about you and the service we provide to you. Federal and state laws require us to maintain the confidentiality of your PHI; provide you with this notice of legal duties and privacy practices relating to your PHI; follow the terms of the notice currently in effect. We will not share your PHI beyond what is described in this notice unless you contact us in writing. We will notify you immediately in the event of a breach involving your unsecured PHI.

This notice provides you with the following information:

- How Driftless Skin Center, P.C. may use and disclose your PHI.
- Your rights regarding your identifiable health PHI.
- Our obligations regarding your health information.

The terms of this notice apply to all records containing your PHI created and maintained by Driftless Skin Center, P.C. We reserve the right to review or modify our Notice of Privacy Practices. Our practice will post a copy of the current notice in a conspicuous location within our office as well as on our website [www.driftlessskin.com](http://www.driftlessskin.com).

### **USE AND DISCLOSURES WITHOUT AUTHORIZATION REQUIRED**

1. **Treatment:** Driftless Skin Center, P.C. will use and disclose your information to individuals within our office to provide, coordinate and manage your care and treatment. This includes communications with other healthcare professionals who may contribute to your care, including pharmacies and other outside entities. For example, your PHI may be provided to another physician for consultation to assist in diagnosis and treatment.
2. **Payment:** Driftless Skin Center, P.C. will use and disclose your PHI to bill and obtain payment for the service and treatment you receive from us. This may include contacting your health insurer to verify that you are eligible to receive benefits, and we may provide your insurer with details about your treatment to determine coverage and payment for your treatment. We may also use and disclose your PHI to obtain payment from a third party who may be responsible for such costs, including, but not limited to, family members. We may also disclose your PHI to other entities to assist in their healthcare operations.
3. **Health Care Operations:** Driftless Skin Center, P.C. may use and disclose your PHI as necessary to operate our practice. These disclosures are necessary for our business activities and to ensure that our patients receive quality care. We may use your PHI to evaluate the quality of care you receive or to conduct cost management and business planning activities.



4. **Appointment Notifications and Other Health Services:** Driftless Skin Center, P.C. may use your PHI to provide appointment reminders and other business activities. If you provide your cell phone number, we may contact you at this number to provide appointment reminders and registration instructions, including account balance information. Patients may have the option to opt out of receiving text messages; this must be done in writing.
5. **Incidental Uses and Disclosures:** There may be incidental uses and disclosures of your PHI due to permitted uses and disclosures. Such uses and disclosures may occur because they cannot be prevented. Driftless Skin Center, P.C. will make reasonable efforts to limit these incidental uses and disclosures.
6. **Business Partners:** Driftless Skin Center, P.C. may contract with other organizations, known as business partners, to assist in business operations. Your PHI may be shared with them if they have signed an agreement to protect your information in the same way they do in practice.
7. **Required by Law:** Driftless Skin Center, P.C. will use and disclose your PHI when required to do **so by federal, state, or local law.**

#### **USE AND DISCLOSURES IN CERTAIN CIRCUMSTANCES**

Below are unique situations in which we may use and disclose your PHI without your written authorization.

1. **Public Health Risks:** Driftless Skin Center, P.C. may disclose your PHI to public health authorities that are authorized by law to collect the following information:
  - Information to prevent or control disease, injury or disability.
  - Report births and deaths.
  - Report on abuse and neglect: children and adults.
  - Notify a person who may be at risk of contracting or spreading a disease.
2. **Health Oversight Activities:** Driftless Skin Center, P.C. may disclose your PHI to a health oversight agency for activities authorized by law. These may include, but are not limited to, investigations, inspections, audits, surveys, licenses, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other actions necessary for the government to monitor government programs, compliance with civil rights laws, and health care systems.
3. **Legal procedures:** Driftless Skin Center, P.C. may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made efforts to inform you of the request or obtain an order protecting the information we disclosed. part has. requesting.
4. **Law Enforcement:** Driftless Skin Center, P.C. may disclose your PHI for law enforcement purposes required by law or in response to a valid subpoena.



5. **Coroners, Funeral Directors, and Organ Donors:** Driftless Skin Center, P.C. may disclose your PHI to a coroner or medical examiner for identification purposes, to determine the cause of death, or to perform other tasks authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, for the director to perform his or her duties. PHI may also be used and disclosed for organ, eye, or tissue donation purposes.
6. **Research:** Driftless Skin Center, P.C. may disclose your PHI to researchers when their research has been approved by a privacy board or institutional review board.
7. **Health and Safety Threats:** Under certain circumstances, Driftless Skin Center, P.C. may use and disclose your PHI to prevent a serious threat to health and safety, if we in good faith believe that the use and disclosure is necessary to prevent or lessen threats or is necessary for law enforcement authorities to identify and apprehend an individual.
8. **Military and National Security:** Driftless Skin Center, P.C. may disclose your PHI if you are a member of the US or foreign military forces (including veterans) if required to do so by military command authorities. We may also disclose your PHI to federal officials to protect the president, other officials, or foreign heads of state, or to conduct investigations.
9. **Inmates:** Driftless Skin Center, P.C. may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary to:
  - The institution provides health care services.
  - The security and protection of the institution.
  - Protecting your health and safety or the health and safety of others
10. **Workers' Compensation:** Driftless Skin Center, P.C. may disclose your identifiable information to comply with laws relating to workers' compensation or similar programs.

#### **USE AND DISCLOSURE REQUIRING WRITTEN AUTHORIZATION**

Driftless Skin Center, P.C. can only disclose the following information **with your written authorization:**

- Psychotherapy notes for purposes other than certain treatment, payment, or health care operations.
- However, for marketing purposes, if we receive financial remuneration from a third party in connection with marketing, we will convey this in an authorization form.
- We will not sell your PHI to third parties without your written authorization. Financial compensation will be listed on the authorization if we are to receive compensation.
- Other people involved in your care. A form will be signed that will give specific people the ability to obtain information about your care and treatments.



Any authorization you provide to us will be effective for the period specified in the authorization, which will not exceed one year unless you revoke the authorization in writing. You may revoke any written authorization at any time and this request must be sent to the Driftless Skin Center, P.C. Privacy Officer. After your authorization is revoked, we will no longer use or disclose your PHI for the reason described in the authorization. The revocation will only apply to future versions and will not apply to actions already taken.

### **YOUR RIGHTS REGARDING YOUR PHI**

1. **Inspect and Copy:** You, the patient, have the right to inspect and receive a copy of your health information used to make decisions about your care, including billing records maintained by Driftless Skin Center, P.C. To request an inspection or copy of your information, you must submit your request in writing to our Privacy Officer. Our practice may deny your request to inspect and copy in certain limited circumstances, such as when disclosure would endanger your life or physical safety or that of another person, or for information met with reasonable anticipation or use in a civil, criminal, or administrative action or procedure.

If you are denied access, you may have the right to have the decision reviewed. We will provide you with the reason for the denial in writing and, if you are legally able to have the denial reviewed, we will provide you with instructions on how to proceed.

Because we maintain your medical record electronically, you have the right to receive a copy of your medical record in electronic format upon request. Driftless Skin Center, PC may charge you a reasonable fee for copying, mailing, labor, and supplies associated with your request. You may also direct us to transmit your PHI (whether in paper or electronic format) directly to an entity or persons clearly and specifically designated by you in writing.

2. **Restrictions:** You have the right to request a restriction or limitation on the PHI we disclose for treatment, payment, or health care operations. We are not required to agree to your request, except when you request that we not disclose information to your health insurer about services for which you paid in full out-of-pocket. However, if we agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction, you must make your request in writing to our Privacy Officer.

Your request must clearly and concisely describe:

- The information you want to restrict.
  - If you want to limit our use, disclosure, or both.
  - Who do you want the limits to apply to?
3. **Confidential Communications:** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can request that we contact you at home, rather than at work. You will be asked to provide us with information about how we can contact you and where we can leave messages. To request more specific or limited confidential communications, you must make this request in writing. We will not ask the reason for the request and will accommodate all reasonable requests.



4. **Amendments:** You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. This request must be made in writing to the **Privacy Officer, Driftless Skin Center, PC, 1550 University Ave Suite B, Dubuque, IA 52001**. You must provide us with a reason that supports your request for an amendment. We have the right to deny your request if it is not in writing or does not include a reason to support the request. We may also reject your request if the information, in our opinion:
  - The documentation is complete and accurate.
  - It is not part of the identifiable information that you would be permitted to inspect and copy.
  - We do not create the documentation unless the person or entity that created the information can no longer make the modification.
  
5. **Accounting of Disclosures:** You Have the Right request an accounting of certain disclosures of your health information we have made, if applicable. We are required to include the use of your PHI as part of routine care, payment or healthcare operations in our practice. To obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests must express a time which may not be longer than six (6) years from the date of the request. The first list you request within a 12-month period is free, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of any costs involved and you may withdraw your request before any costs are incurred.
  
6. **Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this notice. You can request a printed copy at any time. This notice is also available on our website [www.driftlessskin.com](http://www.driftlessskin.com).
  
7. **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint and your care will not be compromised.

To file a complaint with Driftless Skin Center, P.C. or if you have questions about this notice, please contact:

Driftless Skin Center, P.C. Privacy Officer  
1550 University Ave Suite B  
Dubuque, IA 52001  
Office: 563-563-900-8922  
Fax: 563-279-0653  
Email: [stephaniem@driftlessskin.com](mailto:stephaniem@driftlessskin.com)

If you wish to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Ave, SW  
Room 509F HHH Building.  
Washington, D.C. 20201  
1-800-368-1019  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

This notice is effective April 15,2024

Driftless Skin Center, P.C. 1550 University Ave, Ste B. Dubuque, IA 52001  
Office- 563-900-8922



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