

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

Introduction

At Hines Dermatology Associates, Inc. we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/14/2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Hines Dermatology Associates, Inc., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- * Basis for planning your care and treatment,
- * Means of communication among the many health professionals who contribute to your care,
- * Legal document describing the care you received,
- * Means by which you or a third-party payer can verify that services billed were actually provided,
- * A tool in educating health professionals,
- * A source of data for medical research,
- * A source of information for public health officials charged with improving the health of this state and the nation,
- * A source of data for our planning and marketing,
- * A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Hines Dermatology Associates, Inc., the information belongs to you. You have the right to:

- * Inspect and copy your health record as provided for in 45 CFR 164.524, by appointment. Fees may apply.
- * Amend your health record as provided in 45 CFR 164.528,
- * Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- * Request communications of your health information by alternative means or at alternative locations,
- * Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- * Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Hines Dermatology Associates, Inc. is required to:

- * Maintain the privacy of your health information,
- * Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- * Abide by the terms of this notice,
- * Notify you if we are unable to agree to a requested restriction, and
- * Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.