



north pacific dermatology

A MEDICAL CORPORATION

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North Pacific Dermatology, a medical corporation **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 IT CAREFULLY.

Our facility uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our facility.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For treatment we may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, therapist, nurse, or other person providing health services to you, will record information in your records related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record action taken by them in the course of our treatment and note how you respond.

For payment we may use and disclose your health information to others for the purposes of receiving payments for treatment and services you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For health care operations we may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your case and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

For appointments we may use your information to provide reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

As required by law we may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

Effective date: this notice is effective July 2, 2007
Revised May 23, 2022

As per public health your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

For dependents, health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

For your health and safety, your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

For government functions, your health information may be disclosed to specialized government functions such as protection of public officials or reporting to various branches of the armed services.

For worker's compensation, your health information may be used or disclosed in order to comply with laws and regulations related to worker's compensation.

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except if our facility has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R. 164.522; however our facility is not required to agree to a requested restriction;
- obtain a paper copy of the notice of information practices upon request;
- inspect and obtain a copy of your health record as provided for in 45 C.F.R. 164.524;
- request that your health record be amended as provided in 45 C.F.R. 164.526;
- request communication of your health information by alternative means or at alternate locations; and
- receive an accounting of disclosures made of your health information as provided by 45 C.F.R. 164.528.

Concerns/Complaints

You may complain to our facility and/or to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a concern. To register a concern with our facility, please contact the Privacy Office or complete and return a patient concern form to our facility.

Our obligations

Our facility is required by law to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used disclosed; and
- accommodate reasonable requests you make to communicate health information by alternative means or at alternative locations.

We reserve the right to change health information and to make provisions effective for all protected health information it maintains. Revised notices will be made publicly available and posted at the facility.

If you have any questions or complaints, please contact,

Caroline Randall, Privacy Officer
4715 Valley East Blvd., Suite 3
Arcata, CA 95521
Phone: 1-707-822-3376

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