**Notice Of Privacy Practices**

**The Skin Centers**

**L2, Jabi Lake Mall, Bala Sokoto Way, Jabi, FCT, Abuja, NG**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**

**AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**OUR COMMITMENT TO YOUR PRIVACY**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), is a Federal law that requires us to maintain the privacy of your health information\* and to inform you about our privacy practices by providing this written Notice to you.

As required by HIPAA, this Notice provides you with explanation of your rights and how we will maintain the privacy of your health information in our practice. By federal and state law, we must follow the terms of this Notice. This Notice will take effect on September 23, 2013 and will remain in effect until it is amended or replaced by us.

This includes any identifiable information we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. In conducting our business, we will create records regarding you and the treatment and services we provide to you, whether electronically, on paper or orally.

We realize that these laws are complicated, but we must provide you with the following important information: 1) How we may use and disclose your health information; 2) Your privacy rights in your health information; 3) Our obligations concerning the use and disclosure of your health information.

**We reserve the right to make any changes in our Notice of Privacy Practices, provided the law permits the changes. Any new terms of our Notice will be effective for all health information maintained, created and /or received by us in the past, and for any health information we may create or maintain in the future. Our practice will post a copy of our most current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

*\*”Health information” as used in this Notice can also be referred to as “protected health information” (PHI) or individually identifiable health information (IIHI) in other Notice of Privacy Practices you may read.*

**TYPICAL PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORAMTION**

*As provided by law, the following categories describe different ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.*

**Treatment:** Our practice may use your health information to provide you with our professional services. The people who work for our practice may use or disclose your health information in order to treat you or to assist others in your treatment. Everyone on our staff is required to sign a confidentiality statement. We may also disclose your health information to other health care providers/professionals for purposes related to your treatment. Additionally, we may disclose PHI to others who assist in your care, such as, but limited to; your family, friends, aids and/or other persons involved in your care. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives, health-related benefits or other services we offer that may be of interest to you.

**Payment:** Our practice may use and disclose your PHI to obtain payment for services we provide to you and may include insurance organizations or other businesses to become involved in the process. As example, this disclosure involves activities such as; confirming coverage, mailing statements, billing or collecting unpaid balances and utilization review. If you have paid for services “out-of-pocket”, in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

**Health Care Operations:** Our practice may use and disclose your health information to operate our business. Examples of personnel who may have access to this information include, but are not limited to, our entire staff, outside health or management reviewers and individuals performing similar activities. Our practice may use and disclose your PHI to provide you with appointment reminders, including but not limited to; voicemail/text messages, access thru a digital/electronic portal thru an EMR system, e-mails, postcards or letters, etc. to name a few.

**Emergencies/Release of Information to Family/Friends:** Our practice may use and disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in the case of an emergency involving your care, location, your general condition or death. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. Additionally, we will make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, lab reports or other similar forms of health information and/or supplies unless you have advised us otherwise.

**OTHER USES AND DISCLOSURE OF YOUR HEALTH INFORMATION IN SPECIAL CIRCUMSTANCES**

*The following categories describe some, not all, unique scenarios in which we may use or disclose your identifiable health information:*

**Required by Law:** Our practice may use and disclose your health information when we are required to do so by federal, state or local law, healthcare industry “oversight” agency or law enforcement officials. (Court or administrative orders, subpoena, discovery request or other lawful process; oversight activities such as investigations, inspections, audits, licensure; or other activities necessary for the government to monitor programs, compliance with civil rights laws and the health care system in general).

**Public Health Risks:** Our practice may disclose your health information to the appropriate public health authorities, authorized by law to collect information, if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others. Examples (preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease or a potential risk for spreading or contracting a disease or condition, or reporting reactions to drugs/medications or problems with products or devices)

**Military/National Security:** Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. Additionally, we may disclose your health information to federal officials for intelligence and national security activities authorized by law in order to protect the President, other officials/foreign heads of state, or investigations.

**YOUR PRIVACY RIGHTS AS OUR PATIENT**

**Access:** Upon written request, you have the right to inspect and get copies of your health information, if available records may be received electronically. There will be some limited exceptions. Once your written request is approved, an appointment can be made to review your records. Copies, if requested, will be $0.75 cents per page, plus postage if requested to mail. Our practice may charge a fee of $15.00 per hour for the costs of copying, assembling, mailing, postage, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**Amendment:** You have the right to amend your health information, if you believe it is incorrect or incomplete. Your request must be made in writing and must include an explanation of why the information should be amended. Under certain circumstances, our practice has the right to deny your request.

**Non-routine Disclosures:**You have the right to receive a list of non-routine disclosures we have made of your health care information. (We do not keep a record of when we make routine disclosures of your health information for treatment and/or payment purpose. Therefore “routine” disclosures would not be available. You can request non-routine disclosure s going back six (6) years, starting as of April 14, 2003.)

**Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a type of confidential communication or restriction in our use or disclosure of your health information, you must make your request in writing with an explanation of your request.

**Questions and Complaints**

If you believe your privacy rights have been violated, you can complain to us, in writing, to the address below. You have the right to file a formal, written complaint with the practice and/or the Department of Health and Human Services or Office of Civil Rights. We will not retaliate against you if you choose to file a complaint.

**If you have any questions regarding this Notice or our health information privacy policies, please contact:**

**Director of Health Information c/o Dr. Donna A. Serure, Dermatology & Cosmetic Laser Surgery, P.C., 327 Middle Country Road, Smithtown, NY 11787-2905**