



NOTICE OF PRIVACY PRACTICES

Effective as of April 27, 2015

Twin Ports Dermatology, Inc. maintains compliance with all applicable Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regulations regarding privacy and protection of patient medical and financial information. This notice describes how Twin Ports Dermatology may use and disclose medical information about you, and how you can get access to the information.

Twin Ports Dermatology will use or share your health information for the following purposes:

- **Treatment.** Your health information will be used and disclosed to provide, coordinate, and/or manage your healthcare and any related services. This may include coordination or management of your care with a third party. For example, information may be disclosed to another care provider to whom you have been referred to ensure that the care provider has the information necessary to diagnose or treat you.
- **Payment.** Your health information will be used, as needed, for payment-related purposes, including but not limited to: obtaining payment for the services you receive at Twin Ports Dermatology, confirming insurance coverage, and engaging in billing or collections activities.
- **Health care operations.** Twin Ports Dermatology may use or disclose your health information as necessary to conduct certain business and operational activities, including but not limited to: quality assessment, employee review, training, licensing, cost management analysis, customer service, and conducting or arranging for other business activities.
- Twin Ports Dermatology may also be required or permitted to disclose your health information for public health and safety purposes, for research, to comply with the law, to respond to organ and tissue donation requests, to work with a medical examiner or funeral director, to address workers’ compensation, law enforcement and other government requests, and to respond to lawsuits and legal actions. Twin Ports Dermatology will strive to ensure confidentiality of the information and comply with applicable laws and regulations when making disclosures.

As a patient, you have a right to do the following:

- **Get a copy of your paper or electronic medical record.** If you request a copy or summary of the health information Twin Ports Dermatology has about you, your request will be granted. The information will be supplied promptly, usually within 30 days of your request. A reasonable, cost-based fee may be charged.
- **Request a correction to your paper or electronic medical record.** You may ask Twin Ports Dermatology to amend your medical record if you believe it is incorrect or incomplete. Twin Ports Dermatology may deny your request, but will explain the denial in writing within 60 days of the request.
- **Request confidential communication.** You may ask Twin Ports Dermatology to contact you in a specific way (e.g. via your home or office phone) or to send mail to a different address. All reasonable requests will be granted.

- **Ask Twin Ports Dermatology to limit the information it shares.** You may request that Twin Ports Dermatology not use or share certain health information for treatment, payment, or operations purposes. Twin Ports Dermatology is not required to grant your request, and may deny the request if it would affect your care. If you pay for a service of healthcare item out-of-pocket in full, you may request that Twin Ports Dermatology not share that information for payment or operation purposes with your insurance provider. Twin Ports Dermatology will grant that request unless an applicable law requires the sharing of that information.
- **Get a list of those with whom Twin Ports Dermatology shared your information.** You may request a list of all times that Twin Ports Dermatology has shared your health information in the six years prior to the date you make your request, including who the information was shared with and the reason the information was shared. All disclosures of your health information will be included in the list provided, except those disclosures made for treatment, payment, and/or health care operations purposes, and certain other disclosures (such as those you requested be made). One accounting of disclosures will be provided free of charge upon request each year. If another request is made within 12 months, a reasonable, cost-based fee will be charged.
- **Get a copy of this privacy notice.** You may request a paper copy of this notice at any time, and you will be provided a paper copy promptly upon request.
- **Choose someone to act for you.** If you have given someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your health information. Twin Ports Dermatology will not take any action prior to confirming the individual's authority to act on your behalf.
- **File a complaint if you believe your privacy rights have been violated.** You may contact Christie Erickson, Clinic Administrator, at (218) 302-1000. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. More information is available at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Twin Ports Dermatology is required to maintain the privacy and security of your protected health information. If a breach occurs that may have compromised the privacy or security of your health information, Twin Ports Dermatology will promptly notify you. Twin Ports Dermatology will act in accordance with this notice, and will not share your protected health information other than as described herein unless you authorize other use or disclosure in writing. If you authorize additional use or disclosure, you may change your mind at any time, and should notify Twin Ports Dermatology of the change in writing.

Twin Ports Dermatology reserves the right to change its privacy practices and the terms of this notice at any time. Any changes made will apply to all information Twin Ports Dermatology has about you. The new notice will be made available upon request.