

SOUTH COAST DERMATOLOGY

PRIVACY POLICIES

It is the policy of **SOUTH COAST DERMATOLOGY** that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that **SOUTH COAST DERMATOLOGY** and its physicians and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to **SOUTH COAST DERMATOLOGY** and its physicians and staff for purposes of treatment, payment and healthcare operations (TPO). To that end, **SOUTH COAST DERMATOLOGY** and its physicians and staff will--

- ☞ Adhere to the standards set forth in the Notice of Privacy Practices.
- ☞ Collect, use and disclose protected health information only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. **SOUTH COAST DERMATOLOGY** and its physicians and staff will not use or disclose protected health information for uses outside of practice's treatment, payment and healthcare operations, such as marketing, employment, life insurance applications, etc. without an authorization from the patient.
- ☞ Use and disclose protected health information to remind patients of their appointments unless they instruct us not to.
- ☞ Recognize that protected health information collected about patients must be accurate, timely, complete, and available when needed. **SOUTH COAST DERMATOLOGY** and its physicians and staff will
 - Implement reasonable measures to protect the integrity of all protected health information maintained about patients.
- ☞ Recognize that patients have a right to privacy. **SOUTH COAST DERMATOLOGY** and its physicians and staff respect the patient's individual dignity at all times. **SOUTH COAST DERMATOLOGY** and its physicians and staff will respect patient's privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.
- ☞ Act as responsible information stewards and treat all protected health information as sensitive and confidential. Consequently, **SOUTH COAST DERMATOLOGY** and its physicians and staff will:

- Treat all protected health information data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
 - Not disclose protected health information data unless the patient (or his or her authorized representative) has properly authorized the release or the release is otherwise authorized by law.
- ☞ Recognize that, although **SOUTH COAST DERMATOLOGY** “owns” the medical record, the patient has a right to inspect and obtain a copy of his/her protected health information. In addition, patients have a right to request an amendment to his/her medical record if he/she believes his/her information is inaccurate or incomplete. **SOUTH COAST DERMATOLOGY** and its physicians and staff will--
- Permit patients access to their medical records when their written requests are approved by **SOUTH COAST DERMATOLOGY**. If we deny their request, then we must inform the patients that they may request a review of our denial. In such cases, we will have an on-site healthcare professional review the patients’ appeals.
 - Provide patients an opportunity to request the correction of inaccurate or incomplete protected health information in their medical records in accordance with the law and professional standards.
- ☞ All physicians and staff of **SOUTH COAST DERMATOLOGY** will maintain a list of certain disclosures of protected health information for purposes other than treatment, payment, and healthcare options for each patient and those made pursuant to an authorization as required by HIPAA rules. We will provide this list to patients upon request, so long as their requests are in writing.
- ☞ All physicians and staff of **SOUTH COAST DERMATOLOGY** will adhere to any restrictions concerning the use or disclosure of treatment, payment and healthcare operations that patients have requested and have been approved by **SOUTH COAST DERMATOLOGY**.
- ☞ All physicians and staff of **SOUTH COAST DERMATOLOGY** must adhere to this policy. **SOUTH COAST DERMATOLOGY** will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with **SOUTH COAST DERMATOLOGY’S** personnel rules and regulations.

SOUTH COAST DERMATOLOGY may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request from the Privacy Officer.