

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. If you have any questions about this notice, please contact Dr. Basler at 713-799-1129, 7505 South Main, Suite 300, Houston, TX 77030.

This notice describes information about privacy practices followed by all of our doctors and employees. The doctors who provide “on-call” coverage for your doctor will also follow the practices described in this notice.

Your health information. This notice applies to the information and records we have about your health, health status, and the healthcare and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding use and disclosure of that information.

How we may use and disclose health information about you. We must have your written, signed Consent to use and disclose health information for the following purposes: For treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, medical assistants, office staff, or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a skin condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy. For payment. We may use and disclose health information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. For healthcare operations. We may use and disclose health information about you in order to run the office. For example, we may use your health information to make appointments.

Appointment reminders. We may contact you as a reminder that you have an appointment for treatment or medical care at the office. Please notify us if you do not wish to be contacted for appointment reminders.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time. If you revoke your consent, we will not be permitted to use or disclose information for

purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

Special situations. We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To avert a serious threat to health or safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Required by law. We will disclose health information about you when required to do so by federal, state, or local law. Military, Veterans, National Security, and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority. Workers' compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Public health risk. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products. Health oversight activities. We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws. Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena. Law enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Information not personally identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are. Family and friends. We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions or medical supplies.

Other uses and disclosures of health information. We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of other types of disclosures include those made for a disability application or when you apply for life insurance. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use

or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without signed, written authorization from you. The Authorization form has an area where you can indicate whether or not this information can be disclosed.

Your rights regarding health information about you. You have the following rights regarding health information we maintain about you. Right to inspect and copy. You have the right to inspect and copy your health information, such as medical and billing records that we use to make decisions about your care. You must submit a written request to Dr. Basler in order to inspect and/or copy your health information. If you request a copy of the information, there will be a \$25.00 fee for the first 20 pages, then a 15 cent charge for each additional page. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review. Right to amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Dr. Basler. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: a) We did not create, unless the person or entity that created the information is no longer available to make the amendment., b) Is not part of the health information that we keep., c) You would not be permitted to inspect and copy. (There are a few types of records that, by law, can not be inspected or copied such as psychotherapy notes.), d) Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, you must submit your request in writing to Dr. Basler. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. A written list will be provided to you. There will be a \$25.00 charge for the list.

Right to request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to Dr. Basler.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communication, you may complete and submit the Request for Restriction on Use/Disclosure of

Medical Information and/or Confidential Communication to Dr. Basler. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, ask the receptionist, or contact Dr. Basler.

Changes to this notice. We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date. You are entitled to a copy of the notice currently in effect.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office in writing, ask the receptionist for a Patient Complaint Form. To file a complaint by telephone, contact Dr. Basler, Complaint Official of Medical Center Dermatology, P.A., 713-799-1129. You will not be penalized for filing a complaint.

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Receipt of Notice of Privacy Practices Written Acknowledgment Form

I, _____, have received a copy of the
(please print patient's name or parent/guardian's name)

Medical Center Dermatology Notice of Privacy Practices.

Signature of Patient or Parent/Guardian

Date

Consent for Use and Disclosure of Protected Health Information

I consent to the use and disclosure of my, or my child's, Protected Health Information for treatment, payment, and healthcare operations. This includes HIV and substance abuse information.

Signature of Patient or Parent/Guardian

Date

Assignment of Benefits / Authorization of Payment / Signature on File

I authorize payment of medical insurance benefits to Medical Center Dermatology, P.A..

I understand that, according to the provisions of my insurance plan, I may be billed for amounts not covered by that plan, and accept full financial responsibility for any such fees.

Signature of Patient or Parent/Guardian

Date