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# CATALINA DERMATOLOGY

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## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT  
CAREFULLY**

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### **THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US**

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Protected health information about you is obtained as a record of your contacts or visits for healthcare services with CATALINA DERMATOLOGY. This information is called protected health information. Specifically, "Protected Health Information" is information about you, including demographic information (i.e., name, address, phone number, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

CATALINA DERMATOLOGY is required to follow specific rules on maintaining the confidentiality of your protected health information, how our staff uses your information, and how we disclose or share this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow those rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations, and for other purposes that are permitted or required by law.

**If you have any questions about this Notice, please contact our Privacy Manager at (520) 529-8883**

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### **USES AND DISCLOSURES OF HEALTH INFORMATION**

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We use and disclose health information about you for treatment, payment, and healthcare operations. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office:

**Treatment:** We may use or disclose your health information to provide, coordinate, or manage your health care and any related services. We could disclose your protected health information to a physician or other healthcare provider providing treatment to you, to a pharmacy filling your prescriptions, or to family and friends you approve.

We may also call you by name in the waiting room when the physician is ready to see you, and contact you by telephone to remind you of your appointment or inform you of test results.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. This may include also include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend, such as making a determination of eligibility or coverage.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

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### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES**

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**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

**Marketing Health-Related Services:** We will **not** use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law or by national security activities. This may include disclosing protected health information in the course of judicial or administrative proceedings, in response to a court order or discovery request, or for law enforcement purposes.

**For Public Health:** We may disclose your protected health information for public health activities and purposed to a public health authority that is permitted by law to collect or receive the information.

**In Cases of Abuse or Neglect:** We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

**To the Food and Drug Administration:** We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, or biologic product deviations in order to track products, enable product recalls, make repairs or replacements, or conduct post marketing surveillance, as required.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders  
(Such as voicemail messages, postcards, or letters).

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## PATIENT RIGHTS

**Copy of this Notice of Privacy Practices:** We are required to follow the terms of this notice. We reserve the right to change the terms of our notice at any time. If needed, new versions of this notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

**Access:** You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you.

**Use and Disclosure:** You have the right to authorize or deny any use or disclosure of protected health information not specified in this notice. You may revoke an authorization at any time, in writing, except to the extent that your physician or our office has taken an action in reliance on the use or disclosure indicated in the authorization.

**Personal Representative:** You may designate a person with the delegated authority to consent to or authorize the use or disclosure of protected health information.

**Restrictions and Amendments:** You have the right to request us not to use or disclose any part of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. You may also request that we amend your health information.

**Disclosure Accountability:** You have the right to request a listing of your protected health information disclosures we have make to entities or persons outside of our office.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have any questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us with the U.S. Department of Health and Human Services. A Privacy/Contact Officer has been designated for this office. The Privacy Officer can be contacted by simply contacting the office and asking to speak to the Office Manager who serves as the Privacy Officer.

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