

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices (NPP) describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Your Rights

You have several rights when it comes to your health information. These include:

1. **Right to Access:** You can ask to see or get a copy of your health records. We will provide a copy or summary of your health information within 30 days of your request. We may charge a reasonable fee for the costs of copying, mailing, or other supplies.
2. **Right to Amend:** If you believe that your health information is incorrect or incomplete, you can request an amendment. We may deny your request if the information was not created by us, is accurate, or is not part of the health information we maintain.
3. **Right to Request Confidential Communications:** You may ask us to contact you in a specific way (e.g., by phone or email) or to send mail to a different address. We will accommodate reasonable requests.
4. **Right to Request Restrictions:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, but we will review all requests carefully.
5. **Right to a List of Disclosures:** You may request a list (or “accounting”) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except those for treatment, payment, and healthcare operations, and certain other disclosures (such as those you asked us to make).
6. **Right to a Paper Copy of This Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
7. **Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
8. **Right to File a Complaint:** If you feel your rights are violated, you can file a complaint by contacting our Privacy Officer (details below) or directly with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. Filing a complaint will not affect your care.

How We May Use and Share Your Information

Your health information may be used and shared in the following ways:

1. **For Treatment:** We may use and share your health information with other health professionals who are treating you.
2. **For Payment:** We may use and share your health information to bill and receive payment from health plans or other entities.
3. **For Healthcare Operations:** We may use and share your health information to run our practice, improve your care, and contact you when necessary.
4. **For Public Health and Safety:** We may share health information about you for certain situations, such as preventing disease, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence.
5. **To Comply with the Law:** We may share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
6. **Workers' Compensation, Law Enforcement, and Other Government Requests:** We may use or share your information for workers' compensation claims, for law enforcement purposes, or with other government agencies as permitted or required by law.
7. **Respond to Lawsuits and Legal Actions:** We may share your health information in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. If you give us permission, you may change your mind at any time, but please inform us in writing.

Changes to This Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. A copy of the revised notice will be available upon request, in our office, and on our website.

Contact Information For questions about this notice or to exercise your rights, please contact:

Privacy Officer

Phone: 503.654.7546

Email: compliance@goodskinmd.com

Address: 12605 SE 97th Ave Clackamas, OR 97015

This notice is available at Goodskin Dermatology website: goodskinmd.com