

**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.**

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present, future physical or mental health condition and related health care services. We are required by law to: (i) maintain the privacy of your Protected Health Information; (ii) give you this notice of our legal duties and privacy practices regarding health information about you; and (iii) follow the terms of our notice that is currently in effect.

We reserve the right to change the terms of this notice and to make the new provisions effective for all Protected Health Information that we maintain. Any revisions made to this notice will be immediately posted in our front office lobby area. We will also inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice. You may be asked to sign a revised version at the time of your next appointment.

**1. Uses and Disclosure of Protected Health Information**

The following describes the ways we may use and disclose your Protected Health Information.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** We may use or disclose your Protected Health Information to obtain payment for your health care services. For example, we may give your health plan information about you so that they will pay for your treatment.

**Healthcare Operations:** We may use or disclose your Protected Health Information in order to support the business activities of our practice. These uses and disclosures are necessary to ensure that all of our patients receive quality care and to operate and manage our office. For example, we may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information.

**Appointment Reminders:** We may use and disclose your Protected Health Information to contact you to remind you of your appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**As Required by Law:** We may use or disclose your Protected Health Information if state or Federal law requires it, including in the following situations pursuant to applicable laws and regulations: Public Health issues; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; Organ Donation; Threats to Health and Safety; Military Activity and National Security; Workers' Compensation; and with respect to Inmates. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

**Research:** We may disclose your Protected Health Information for research when such research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information. We may also share your Protected Health Information with people preparing to conduct a research project.

**Family Members/Certain Third Parties:** You have the right and choice to tell us to share your Protected Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend, or in the event of a disaster relief effort. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

## 2. Uses and Disclosures Where Authorization is Required

**Psychotherapy Notes:** Unless otherwise required by law, most disclosures of psychotherapy notes (if recorded by us) will require your authorization.

**Sale of Protected Health Information:** Other than the transition provisions in 45 C.F.R. 164.532, we will obtain your authorization for any disclosure of your Protected Health Information for sale. Such authorization will state whether the disclosure will result in remuneration.

**Marketing:** Except in limited situations permitted under 45 C.F.R. 164.508(a)(3), we will obtain your authorization for any use or disclosure of your Protected Health Information for marketing purposes. Such authorization will state whether remuneration was involved.

**Other Permitted and Required Uses and Disclosures:** Other disclosures not described in this notice will be made only with your individual written authorization, unless required by law. You may revoke such authorization, at any time, in writing to our Privacy Officer identified below, except to the extent we have taken an action in reliance on the use or disclosure indicated in the authorization.

## 3. Notice to Patients Regarding the Destruction of Health Care Records

In accordance with Nevada law, Pacific Crest Dermatology hereby advises all patients of our commitment to comply with Nevada law regarding the destruction of health care records as follows:

- 1.) The health care records of a person who is less than 23 years of age may not be destroyed; and
- 2.) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and
- 3.) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law or pursuant to your insurance plan, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

Please be advised a copy of your medical records may be requested by filing out the appropriate medical release form which may be provided by staff. We will process the request in a reasonable period of time (not to exceed 1-2 weeks) and reserve the right to charge \$0.60 per page for filing such request.

## 4. Your Rights

The following is a statement of your rights with respect to your Protected Health Information.

**You have the right to inspect, access and request a copy of your Protected Health Information:** You have the right to inspect, access and request a copy of your Protected Health Information, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and Protected Health Information that is now subject to law that prohibits access to Protected Health Information. You may elect to receive your Protected Health Information in which ever requested form you choose. For example, you may receive your Protected Health Information by an electronic format, by mail, by email or request a hard copy. If you elect to receive your Protected Health Information electronically, we will provide your Protected Health Information in a readily producible format per your request. Please note, if you wish to have your Protected Health Information by email, we may use an encrypted email to avoid risks associated with unencrypted emails, such as viruses or theft. You have the right to request an unencrypted email, but understand and agree to accept the risks associated with unencrypted emails. You have the right to request your Protected Health Information be transmitted to a third party. All requests, must be submitted in writing to our Privacy Officer and will be timely processed from the date received in accordance with law. We reserve the right to charge \$0.60 per page for a hard copy of your information and a reasonable cost for copies of X-ray photographs and other healthcare records produced by similar processes.

**You have the right to request a restriction of your Protected Health Information:** This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. You then have the right to use another healthcare professional. In addition, Pacific Crest Dermatology may decide to deny access to medical records in limited circumstances, please contact our Privacy Officer for further details.

**You have a right to be told of a breach:** We will timely notify you in writing following any breach of your unsecured Protected Health Information, as required by law.

**You have the right to restrict certain health plan disclosures:** You have the right to restrict certain disclosure of your Protected Health Information to a health plan with respect to payment of health care items or services for which you have paid out of pocket and in full for a health care item or service, unless required by law. All request for restrictions, must be submitted in writing to our Privacy Officer and will be timely processed from the date received in accordance with law.

**You have the right to request to receive confidential communication from us by alternative means or at an alternative location:** All requests to receive confidential communications by alternative means or at an alternate location must be authorized by you in writing. Your request will be timely processed from the date received in accordance with law.

**You have the right to obtain a paper copy of this notice from us:** You may request a paper of this notice on or after the effective date of this notice revision, even if you have agreed to this notice alternatively, i.e., electronically.

**You have the right to have your physician amend your Protected Health Information:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information:** You have the right to an accounting of disclosures except for those related to treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make).

## 5. Complaints

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated by our office. You may file a complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Complaints may be in writing, either **electronically via the OCR Complaint Portal**, or on paper by mail, fax, or **e-mail**; please see the following contact information:

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Region IX - San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada)**

Michael Leoz, Regional Manager  
Office for Civil Rights

U.S. Department of Health and Human Services

90 7th Street, Suite 4-100

San Francisco, CA 94103

Voice Phone (800) 368-1019

FAX (415) 437-8329

TDD (800) 537-7697

To file a written complaint to our office, please see the following contact information:

Pacific Crest Dermatology  
Stephanie Baeta, Practice Manager  
Phone: 775-451-3376  
5050 Vista Blvd, Ste. 102  
Sparks, NV 89436

**We will not retaliate against you for filing a complaint.**

This notice was effective as of **May 1, 2023**

For further information about matters covered by this notice or if you have any objections to this notice, please contact us in person or by phone at: (775) 451-3376.

Your signature below acknowledges that you have received and fully understand this Notice of our Privacy Practices:

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_