

CALAIS DERMATOLOGY ASSOCIATES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review it carefully

OUR LEGAL DUTY

We are required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to maintain the privacy of your health information. Protection of patient privacy is of utmost importance to the Clinic. This notice outlines legal duties and privacy practices with respect to Protected Health Information (PHI). Violation of any of these provisions will result in disciplinary action which may include termination of employment and possible referral for criminal prosecution.

This Notice of Privacy Practices shall become effective as of November 17, 2021 and shall remain in effect until it is either amended or cancelled. You have a right to receive a paper copy of this Notice of Privacy Practices. For more information about our privacy practices, or for additional copies of this Notice, please contact our Privacy Officer by using the contact information listed at the end of this Notice.

I. INFORMATION COLLECTED

Calais may receive PHI such as name, address, telephone number, insurance information and coverage, and information relating to treatment and/ or diagnosis. Some of the information may be provided by other individuals or organizations such as referring physician, health plans, other doctors, hospitals, or health care providers.

II. USES AND DISCLOSURES OF HEALTH INFORMATION

Calais collects PHI and it is stored in your Electronic Medical Record. We may use and disclose PHI about you for treatment, payment, and healthcare operations.

1. **Treatment:** The clinic may disclose PHI to other healthcare providers in association with a patient's treatment.
2. **Payment:** The clinic may disclose the minimum amount necessary of a patient's PHI in connection with payment activities including the patient's health insurance provider, Medicare and Medicaid, or any other payor of health care claims to process the patient's health insurance claim.
3. **Regular Healthcare Operations:** The clinic may disclose the minimum amount necessary of a patient's PHI for certain administrative, financial, legal, and quality improvement activities of the Clinic in conjunction with running its business, including conducting or arranging for medical review or auditing service.

III. AUTHORIZATION: In addition to our use of your health information for treatment, payment, or healthcare operations, you must give us written authorization to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we can not use or disclose your health information for any reason except those described in this Notice.

1. **To your Family and Friends:** We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
2. **Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to the use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common

practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

3. **Marketing Health Related Services:** We will not use your health information for marketing communications without your written authorization.
4. **Required by Law:** We may use or disclose your health information when we are required to do so by law. We may share your PHI if we have a court order. We will only disclose the information specifically described in the order.
5. **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.
6. **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials any health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
7. **Voice Mail Message:** It is the policy of Calais that a voicemail or answering machine message may be left at a patient's home or other number the patient provides to the Clinic regarding appointments, billing or payments, or other PHI, related to treatment, payment, or scheduling issues, such as appointment reminders.

IV. PATIENT RIGHTS

1. **Access:** Calais provides individuals with the right to see and receive copies of their medical and other health records upon request. To get a copy of patient records, an authorization to release medical records must be completed. This form can be found at the front desk or on our website.
2. **Minimum Necessary Disclosure:** The Clinic will make reasonable efforts to limit the disclosure to the minimum amount of information needed to accomplish the purpose of the disclosure.
3. **Deceased Individuals:** It is the policy of the Clinic that privacy protections extend to information concerning deceased individuals.
4. **Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
5. **Breach Notification:** If there is a breach (an inappropriate use or disclosure of the patient's PHI) that the law requires to be reported, the clinic must notify the patient of said breach.
6. **Business Associates (BA):** The Clinic may disclose PHI to an individual or entity who performs services for the Company that requires the creation, receipt, maintenance, or transmission of PHI. The BA must be contractually bound to protect a patient's PHI to the same degree as set forth in this policy.

Questions and Complaints

If you want more information about our privacy practices or have any questions or concerns, please contact us. All complaints by employees, patients, providers, or other entities relating to the PHI be investigated in a timely manner. Complaints about this Notice of Privacy Practices or how the clinic handles a patient's PHI should be directed to the Privacy Officer listed below.

If you are not satisfied with the way this office handles a complaint, the patient may submit a formal complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Laurie Jennings
Address: 5220 Flanders Drive, Baton Rouge, LA 70808
Telephone: (225) 755-5151
Fax: (225) 766-8216

Centralized Case Management Operations
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