

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

DAKOTA DERMATOLOGY is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. A copy is available upon request.

Effective Date of This Notice: March 25, 2020

I. How DAKOTA DERMATOLOGY May Use or Disclose Your Health Information

DAKOTA DERMATOLOGY collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of DAKOTA DERMATOLOGY, but the information in the medical record belongs to you. DAKOTA DERMATOLOGY protects the privacy of your health information. The law permits DAKOTA DERMATOLOGY to use or disclose your health information for the following purposes:

1. Treatment. We may use or disclose your protected health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician would request disclosure of your protected health information as a result of your visit at our office.

*Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. Payment. We may use and/or disclose protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
3. Regular Health Care Operations. We may use and/or disclose your protected health information for the purposes of our day-to-day operations and functions. We may also disclose your health information to another entity, to allow it to perform its day-to-day functions, if we both have a relationship with you.
4. Information provided by you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by Law and Law Enforcement. As required by law, we may use and disclose your health information. We may disclose your health information in the course of any administrative or judicial proceeding. We may also disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
7. Public Health and Safety. As required by law, we may disclose your health information to public health authorities or appropriate persons for purposes related to: preventing or controlling disease, injury or disability; reporting disease or infection exposure; reporting to the Food and Drug Administration problems with products and reactions to medications; reporting child abuse or neglect; reporting domestic violence; and preventing or lessening a serious and imminent threat to the health or safety of a particular person or the general public.
8. Health Oversight Activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Deceased Person Information. We may disclose health information to coroners, medical examiners and funeral directors.
10. Organ Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
11. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or DAKOTA DERMATOLOGY'S Privacy Board.
12. Specialized Government Functions. We may disclose your health information for military, national security, prisoner and government benefits (only for health plans) purposes. (Note that disclosures for government benefits purposes are limited to health plans only.)

13. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
14. Marketing and Fundraising. We may contact you to provide appointment reminders, give you information about other treatments or health-related benefits and services that may be of interest to you, and for fundraising efforts. You have the right to opt out of receiving these communications.
15. Change of Ownership. In the event that DAKOTA DERMATOLOGY is sold or merged with another organization, your health information/record will become the property of the new owner.
16. Breach of Information. In the event that a breach has occurred, we will let you know promptly if the privacy or security of your information has been compromised.

II. When DAKOTA DERMATOLOGY May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, DAKOTA DERMATOLOGY will not use or disclose your health information without your written authorization. If you do authorize DAKOTA DERMATOLOGY to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. DAKOTA DERMATOLOGY is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. This means that for example you may designate that we send your protected health information via fax.
3. You have the right to inspect and copy your health information.
4. You have a right to request that DAKOTA DERMATOLOGY amend your health information that is incorrect or incomplete. DAKOTA DERMATOLOGY is not required to change your health information and will provide you with information about this denial and how you can disagree with the decision.
5. You have a right to receive an accounting of disclosures of your health information made by DAKOTA DERMATOLOGY, except that DAKOTA DERMATOLOGY does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a copy of this Notice of Privacy Practices.
7. You have the right to ask us to limit the information we share for the purpose of payment or our operations with your health insurer if you pay for a service or health care item out-of-pocket in full. We will say "yes" unless a law requires us to share that information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

DAKOTA DERMATOLOGY
4950 S. Minnesota Avenue
Sioux Falls, SD 57108
Phone (605) 330-9619

IV. Changes to this Notice of Privacy Practices

DAKOTA DERMATOLOGY reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, DAKOTA DERMATOLOGY is required by law to comply with this Notice.

Any changes to this Notice will be posted at our facility, and will be available from us upon request.

V. Complaints

Complaints about this Notice of Privacy Practices or how DAKOTA DERMATOLOGY handles your health information should be directed to:

Jameson McGrann
DAKOTA DERMATOLOGY
4950 S. Minnesota Avenue
Sioux Falls, SD 57108

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

DAKOTA DERMATOLOGY

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Officer at Dakota Dermatology.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices March 25, 2020.

Patient/Agent/Guardian Signature

Date

Patient Name (Last, First MI)

Patient Birthdate