

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our General Policy and Duties

The law requires that we safeguard information about you and your health care and keep it private, except in certain circumstances. It also requires that we give you this Notice of Privacy Practices to explain our legal duties and privacy practices with your health care information. We must abide by the terms of this Notice of Privacy Practices until we choose to change it; we reserve the right to change this notice at any time as allowed by law. If we change this Notice of Privacy Practices, we will post the new notice in a visible location in our office and on our website (if we have one), and will have copies available in our office. The new privacy practices will apply to your health information that we already have received or created, as well as to such information we may receive or create in the future. If you have a questions or concerns regarding our privacy practices, contact our Privacy Official listed below.

Uses and Disclosures of Your Health Information

Permissive Uses and Disclosures

We will routinely use and disclose your health information in our office for purposes of your treatment, payment for that treatment, and for our health care operations, without special permission from you. If we need to disclose your health information outside our office for treatment, payment, and health care operations, we will usually not seek special permission from you for that disclosure.

In your treatment, we may use your health information for many reasons including, but not limited to: Determining your health conditions and history, both with information supplied by you and by other health care providers; Planning and following a course of treatment for you; Consulting with other health care providers regarding your health condition and treatment, including referrals to and from them; and Prescribing medication, treatment, or special equipment to be supplied to you by another health care provider.

In payment activities for your care, we may use your health information for reasons including, but not limited to: Determining if you have health care insurance or similar coverage, or otherwise determining financial responsibility for your treatment; Preparing and sending bills for your health care services; Participation in coordination of benefits if more than one party is financially responsible; Processing payments received, regardless of how or by whom paid, including credit card and check payments; and Collection of unpaid amounts on bills, including disclosure to a collection agency or attorney, if it is required to secure payment.

In our health care operations, we may use your health information for reasons including, but not limited to: Administrative functions of our office; Financial, billing and managerial audits; Managed care programs; Quality assurance and utilization review; Defense of legal matters; and Records storage.

We may also use your health information to contact you regarding your appointments and reminders, and to notify you of potential treatment options or health-related benefits and services.

Disclosures Pursuant to Your Authorization

If you authorize disclosure of your health information, we may comply with your authorization. You may revoke your authorization at any time, except to the extent any disclosure has already been made in reliance on it. Authorizations and requests for revocation must be submitted in writing to our Privacy Official. Any other disclosure of your health information may only be made pursuant to laws requiring or allowing disclosure. Sometimes we may request an authorization from you, but you are not required to sign it. Without it we cannot disclose your health information. Other times you may ask us to disclose your health information by submitting a properly-completed authorization form or by completing our form (available from our Privacy Official).

Uses and Disclosures Required or Allowed by Law Without Your Specific Authorization

In certain circumstances, the law requires or allows us to receive, use and disclose your health information, regardless of whether we have your permission to do so. (Some of the listed situations do not apply to our office; some may never occur in our office.) They include:

- If a state or federal law requires certain health information to be reported for a specific purpose.
- For public health activities, including reporting and investigation regarding contagious diseases, and notices to and from the federal Food and Drug Administration about medical devices and drugs.
- To government authorities about victims of actual or suspected abuse, neglect or domestic violence.
- In administrative and judicial proceedings, including responses to subpoenas and orders of an administrative agency or court.
- To prevent a serious threat to health and/or safety, and for law enforcement and correctional purposes, including information about someone who is, or is suspected to be, a victim of crime, and information about a crime that occurred at our office or elsewhere.

ACKNOWLEDGMENT AND RECEIPT



AMBER ROBBINS, M.D.

206 N. Brooks St.
Sheridan, WY 82801
Phone: 307.672.8941
Fax: 307.672.7461
www.robbinsdermatology.com

By signing below I, _____
hereby acknowledge receipt of this Notice of Privacy Practices from
your office.

Signed: _____ Date: _____
**PLEASE DIRECT ALL INQUIRIES AND COMPLAINTS ABOUT OUR HEALTH
INFORMATION PRACTICES TO OUR "PRIVACY OFFICIAL," SEANNON TOMPKINS.**

- For health care oversight of government entities, including licensing of health care providers, audits by government health care plans such as Medicare or Medicaid, or for investigation of possible violations of health care laws.
- To a medical examiner or coroner to identify a dead person or determine a cause of death, to a funeral director to aid in burial or other arrangements, for purposes of organ and/or tissue donations, and for health-related research.
- For specialized government functions, including protection of high-ranking officials, lawful national intelligence activities, military purposes (including veterans' services), and for evaluation and health of members of the foreign service.
- Relating to workers' compensation programs and insurance.
- To our business associates who perform health care operations and agree to keep your health information private and protected. As de-identified data or "limited data set" for research, public health or health care operations.
- To your family member, friend or other person, unless you disagree, to the extent necessary to help with your health care and the payment for it.
- As incidental to, and unavoidable in, uses and disclosures to provide your treatment, secure payment, and in the health care operations of our office.

Your Rights Regarding Your Health Information

Your right to restrict uses and disclosure of your health information

You may ask that we not use or disclose any part of your protected health information, or place restrictions on the uses and disclosures; including: For your treatment, payment for it, and our health care operations; to family members or friends who are involved in your care. Your request must be directed in writing to our Privacy Official, stating the specific restriction you are seeking and the specific persons to whom you want the restriction to apply. We are not required to agree to any restriction that you request. If we do agree to your request, however, we may not use or disclose your health information in violation of your requested restriction except to provide emergency treatment to you, until you revise or revoke the restriction, or if we notify you we are terminating our agreement to your restriction (except such termination by us only affects protected health information created or received after we inform you of our termination of the agreement).

Your right to request confidential communications

You may ask us to communicate with you about your health care using alternate means or at an alternate location. (For example, you may ask that we contact you at work; rather than at home). If you want to request confidential communications from us, you must make a written request to our Privacy Official, and specifically state the alternate address or other method of contact you desire. You do not have to specify a reason for making your request. We must accommodate reasonable requests; you may be charged the costs associated with the confidential communications.

Your right to review your health information

Subject to the limitations described below, you may inspect and receive copies of protected health information we have about you in the designated record set for as long as we maintain that information there. If you want to inspect or receive copies of your health information, you must make a written request to our Privacy Official. In some circumstances we may, or are required by law to, deny access to protected health information we have about you. If we deny your request, we will provide a written explanation of the denial to you, with instructions about how to obtain an impartial review of the denial, if one is legally available to you. Questions regarding the review of denials of access should be directed to our Privacy Official. If you request copies of information to which you are allowed access, they will be provided to you at a reasonable cost, which you may be required to pay in advance. We will respond to your request within 30 days (60 days, if records are stored off site). We may have a 30-day extension by notifying you in writing.

Your right to amend your health information

You may request that we amend health information we created about you for as long as we have it. You must submit a written request to our Privacy Official, stating the reasons) for the amendment. We will respond within 60 days, but may have a 30-day extension if we notify you in writing. If we agree with your requested change(s), we will change your records and notify persons who we know received the incorrect information and other persons you specify. We may deny your request if, for example, the information is: accurate and complete; not part of the health information kept by or in our office; not part of the health information you are permitted to inspect and obtain copies of; or, not created by our office (unless the creator of the record is unavailable to amend it). If we deny your request, you have the right to submit a statement of disagreement, and we may prepare a rebuttal to it. Both will be placed in your records, and will be forwarded with any use or disclosure of them. If we prepare a rebuttal, we will provide a copy of it to you.

Your right to an accounting of disclosures of your health information

You may request an "accounting of disclosures" - a list of non-routine disclosures we have made of your individually-identifiable health information. The accounting will not include uses or disclosures (including incidental disclosures) made in your treatment, payment for it, and our health care operations, or disclosures made with your authorization, as required by law, and in certain other situations. If you want to receive an accounting of disclosures, you must submit a written request to our Privacy Official, stating the time period for which you want an accounting, not to exceed six years from the date of the disclosure, nor include dates prior to April 14, 2003. We will respond to your request within 60 days; we may have a 30-day extension by notifying you in writing. You may make one request at no cost during any given twelve-month period, but we may charge you for responses to subsequent requests in the same period. We will notify you of the cost for such an additional request; you may withdraw the request before incurring any costs.

Your right to receive additional copies of our Notice of Privacy Practices

You may request and receive a copy of our most current Notice of Privacy Practices at any time, regardless of whether you previously received one on paper or electronically. Requests for additional paper copies must be submitted in writing to our Privacy Official at the address and/or fax number on this form.

Complaints

If you believe your health information privacy rights have been violated, you have the right to complain in writing to our Privacy Official, or to the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filings complaint.