

**V. LIGHTNER FAMILY DERMATOLOGY, P.A.  
NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**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.**

The health information about you that we maintain is contained in a medical record that is the physical property of Virginia Lightner Family Dermatology, P.A. We are committed to fulfill our legal obligation to maintain the privacy of your health information, and we are required to give you this notice of our legal duties and privacy practices. However, Virginia Lightner Family Dermatology is not responsible to protect health information that you give to other individuals or organizations.

Virginia Lightner Family Dermatology, P.A. is required to observe the terms of the Notice of Privacy Practices that we have currently in effect. We reserve the right to change the terms of this Notice and to make the new provisions effective for all health information about you that we maintain. Revised notices will be made available to you by posting them in our practice office and upon your request we will give you a copy of our current Notice of Privacy Practices. If you have any questions about this Notice, you may contact our Privacy Officer at the address provided at the end of this Notice.

Virginia Lightner Family Dermatology, including our physicians and staff, will use health information about you, and disclose, or share it with other organizations for your treatment, to obtain payment for treatment, for our own administrative purposes, to evaluate the quality of care you receive, and for other purposes that are described in this Notice.

**I. We may use and disclose your health information for treatment, payment, and for our own internal operations.**

***We may use and disclose your health information in a number of the following common ways, without first obtaining your consent or a written authorization from you:***

***For treatment.*** We may use your health information to provide, coordinate or manage your medical treatment or related services. Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment that will work best for you. For example, copies of your medical treatment may be sent to the physician who referred you to us or to the physician we refer you to. We may also access and release your health information to coordinate services for prescriptions, lab work and pathologies.

***For payment.*** We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us. For example, we may send a bill to your insurance company that identifies you, as well as your diagnosis, and the treatment we have given you.

***For health care operations.*** We may use and disclose health information about you for our own administrative purposes, such as for quality assurance and business planning purposes.

***In communications with you.*** We may use your information to contact you by phone, by mail and by internet email for treatment and appointment reminders. For example, we may leave a message on your home answering machine to remind you of an appointment or we may mail you a postcard. We may ask you to sign in when you come to our office for an appointment and may also call you by name from our waiting room when the physician is ready to see you.

***To our Business Associates.*** We may disclose health information about you to our Business Associates, the outside organizations that help us deliver our services. Examples of our Business Associates are our software company who processes our claims and our collection agency. We will obtain assurances in a written contract that each Business Associate will appropriately safeguard and limit uses and disclosures of your health information.

**II. You may object to some of our uses and disclosures of your health information.**

Unless you let us know that you object, we may share information with family members, or with another person whom you identify to us who is involved in your care or payment related to your care. We may tell your family or friends about your condition and share information about your religious affiliation with clergy. We also may share information about you with a disaster relief agency.

If you do not want information about you disclosed to any of these persons, please see the instructions for requesting a restriction under **Section V. Your Health Information Rights**.

### **III. How we may use and disclose your health information without prior notice to you.**

***There are some uses and disclosures of your health information that we may carry out without giving you notice in advance:***

***When Required by Law.*** We may use and disclose information about you when federal, state or local laws require us to do so.

***In Response to Risks Involving Public Health or Public Safety.*** We may use and disclose your health information for the following public health purposes:

- To prevent or control disease, injury or disability.
- To report information related to victims of abuse, neglect, or domestic violence.
- To report reactions to medications or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To avert a serious threat to your health or safety, or of any other person or the general public.

***Health Oversight Activities.*** We may disclose information to federal and state agencies for oversight activities authorized by law such as inspections, audits, surveys and licensing. Examples may include organizations that ensure the quality of the care that we or other health professionals provide.

***Health and Safety.*** We may disclose health information about you to avert a serious threat to your health or safety, or of any other person or the general public.

***Research.*** In some situations, we may disclose health information about you for medical research.

***Specialized Government Functions.*** We may use and disclose your health information for special government functions such as military and veterans' affairs, national security and intelligence, protective services for the President, and medical suitability determinations by government agencies.

***Disclosures for Judicial and Administrative Proceedings.*** We may use and disclose your health information in response to an order by a Court or Administrative Agency or tribunal.

***Law Enforcement Purposes.*** We may use and disclose your health information to help law enforcement or correctional officials; for instance to assist in locating a suspect, fugitive or missing person; or to provide information about a person in custody.

***Information About Decedents.*** We may disclose health information of persons who have died; for instance to Medical Examiners or funeral directors to help them carry out their responsibilities.

***Organ Donations.*** We may disclose health information for organ donation purposes.

***Workers' Compensation.*** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **IV. We are required to get your authorization for other uses and disclosures of your health information that are not described in Sections I – III, above.**

For other uses and disclosures we must get your authorization. Our authorization form identifies the types of uses or disclosures that you would be allowing us to make, the person or organization to which we will disclose the information, and the duration of time that you authorize us to do this. You may revoke an authorization in writing at any time, and your revocation is effective when we receive it, but any revocation will not affect the uses or disclosures of your health information that we have made based on your prior authorization, and before we receive the revocation.

### **V. Your Health Information Rights**

In accordance with federal regulations and our policies and procedures, you have the right to:

- **Receive a paper copy of this notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
- **Request a restriction on certain uses and disclosures of your health information.** We will make every effort to comply with your request but we are not required to agree. In some situations, we may not be able to comply with your request because we may be required by law to share your health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department.
- **Request confidential communications.** You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. You must make your request in writing. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.
- **Request to inspect and/or obtain a copy of your health record.** You have the right to request to inspect and/or obtain a copy of your health information and billing records. You must make a request in writing to obtain access to your health information. We have up to thirty (30) days to response to your request. We will charge a reasonable fee for copying and mailing the information, including the costs for staff time or operation of equipment.
- **Request a correction or amendment of information in your health record.** If you believe that health information we have about you is incorrect or incomplete, you may ask us to correct/amend the information. If there is health information in the records we use to treat you that is incorrect or incomplete, and we were the organization that created the information, we will amend your record, to correct the incorrect or incomplete information.
- **Receive a listing of how your information has been shared.** You have the right to receive a listing of some of the disclosures of your health information that we have made to persons and organizations outside our practice. We are not required to list disclosures made before April 14, 2003, disclosures for treatment, payment and operations as described in Section I, or other disclosures that you have authorized.

**To request a restriction on how your health information is used or to request confidential communications, you must complete a "Restriction of Health Information Request Form".**

**If you want to inspect or obtain a copy of your record, you will need to complete our "Patient Records Access Request" form.**

**If you want to request an amendment of your record, you will need to complete our "Patient Request to Amend" form.**

**If you want to request an accounting or listing of the disclosures of your health information that we are required to keep track of and be ready to list at your request, you will need to complete our "Patient Request for Accounting" form.**

#### **VI. Here is our Contact Information:**

If you believe your privacy rights have been violated, or if you have any concerns about how we have protected the privacy of your health information, then you may send a complaint to our Privacy Officer at the following address, or you may submit a complaint to the Secretary of the United States Department of Health and Human Services. We will respond to any complaint you present and you will not be penalized in any way for filing a complaint:

**Privacy Officer  
Virginia Lightner Family Dermatology, P.A.  
82 Wheaton Ave.  
Youngsville, NC 27596.**

**(919) 562-8887**