

NOTICE OF PRIVACY PRACTICES

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction. Brian J. Williams, M.D., P.C. is a private medical practice with a focus on dermatology, which includes diseases of the skin, hair and nails. Our practice involves diagnosis and treatment of all such diseases, including surgery of the skin and minor cosmetic procedures.

When you become a patient of Brian J. Williams, M.D., P.C. you provide us with information about you and your health, which is used to create a medical record. Your medical record is the information we use to plan your care, provide treatment, and receive payment for our services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

Our responsibilities. Brian J. Williams, M.D., P.C. is required to maintain the privacy of your personal health information and to provide you with a notice about our legal duties and privacy practices with respect to your personal health information. We are also required to accommodate reasonable requests that you make to communicate personal health information by alternative means or at alternative locations. Any time we use or disclose your personal health information, we must follow the terms of this Notice (or Notices as may be in effect at that time)

How We Use And Disclose Your Protected Health Information.

- Uses and Disclosures for Treatment, Payment and Health Care Operations.

After making a good faith effort to provide you with this Notice, we may use your personal health information to provide your treatment, to obtain payment for your treatment, and for our internal health care operations. We may use and disclose your personal health information for such purposes in the following ways:

- (1) *For Treatment.* We may use and disclose your personal health information to plan, provide, and coordinate your health care services. For example, we may send a letter or call your primary care physician or referral doctor regarding your diagnosis and treatment.
- (2) *For Payment.* We may use and disclose your personal health information to obtain payment for health care services we have provided to you. For example, we will send information regarding your visits to your insurance company for them to determine benefits payable to your claim.
- (3) *For Health Care Operations.* We may use or disclose your protected health information for our health care operations. For example, we may use or disclose your personal health information to perform risk assessments and other administrative tasks to monitor the quality of care that we provide.
- (4) *For Communications With Patient.* We may use and disclose your personal health information to contact you, leave messages, and remind you of appointments.

- Uses and Disclosures With Authorization. For uses and disclosures of your personal health information not involving treatment, payment or health care operations, we will receive your written authorization prior to using or disclosing any personal health information (unless we are required or permitted by law to use or disclose your information). You have the right to revoke any authorization previously granted.
- Uses and Disclosures Without Authorization: We may use and disclose your personal health information without obtaining your consent or authorization, in the following situations:

(1) *For laboratory services.* When laboratory services such as blood tests or pathology are required, personal information including, but not limited to, your name, address, insurance information if applicable, and diagnosis may be forward to the laboratory.

(2) *For continuity of care.* When you require additional medical care not provided by our office, such as extensive skin surgery, extensive laboratory testing, or physical therapy, we will release your medical record or discuss your case with the physician/facility to which you were referred.

(3) *Notification of Family or Close Friends.* We may use or disclose your personal information to notify a family member, personal representative or another person responsible for your care, if you have given us permission, either verbally, or in writing to do so. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interest based upon our professional judgment. In all cases, we will only disclose the health information that is directly relevant to that person's involvement with your health care.

(4) *Required by law.* We may use or disclose your personal health information to the extent that we are required by law to do so. An example of this would be if your records were requested by subpoena. This use or disclosure will be made in full compliance with the applicable law governing the disclosure.

(5) *Public Health Activities.* We may disclose your personal health information for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease, injury or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect or to report information about products or services under the jurisdiction of the United States Food and Drug Administration.

(6) *Workers Compensation.* In the case of a worker's compensation claim, we may disclose your personal health information in accordance with worker's compensation laws.

Your Rights. You have the right to do the following:

- **Right to Receive Further Information.** You have the right to contact our office if you want additional information about our privacy practices, your privacy rights, or disagree about a decision we made about your personal health information, or if you believe that your privacy rights have been violated.
- **Right to Inspect and Copy Your Health Information.** Upon written request, you have the right to access and obtain a copy of your health information maintained by use.
- **Right to Amend Your Health Information.** You have the right to request in writing that we amend health information maintained in your health record. We will comply with your request only if we determine the information you wish to amend is false, inaccurate or misleading.
- **Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information.** You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request.
- **Right to Request an Accounting of Disclosures.** You have a right to request in writing a record of whom we have released your personal information to. The record will include the date the information was released, to whom, and a brief statement of reason for the disclosure.
- **Right to Request Confidentiality in Certain Communications.** You have the right to request to receive your health information by alternative means of communication or at alternative locations. We will accommodate any such reasonable written request made on your behalf.
- **Right to File a Complaint** If you believe your privacy rights have been violated in addition to filing a complaint with us, you have the right to file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the information needed to file your complaint. Under no circumstances will we retaliate against you for filing a complaint with us or the Office of Civil Rights.

Changes to Notice. We reserve the right to change our privacy practices and to alter this Notice according to those changes; we will give you a copy of our revised notice at your next office visit.

Privacy Officer. To contact our Privacy Officer, please address all requests to: Brian J. Williams, M.D., P.C., 602 East Fort Union Blvd 2nd Floor, Midvale, UT 84047 ATTN: Privacy Officer. The privacy officer can also be reached by phone at (801) 313-1010. The privacy officer can assist you with any questions or concerns you may have regarding our privacy practices.

Effective Date of this Notice. This Notice is effective as of November 1, 2004. For new patients after November 1, 2004 the effective date is the first date of service as noted in the medical record.