**L. WILLIAM D. NOWIERSKI, M.D., P.A.**

**DERMATOLOGY**

**NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential.  This Act gives you, the patient, the right to understand and control how your protected health information (“PHI”) is used.  HIPAA provides penalties for covered entities that misuse personal health information.  We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information.

The terms of this notice apply to all records containing your individually identifiable health information (“IIHI”) that are created or retained by our practice.  We reserve the right to revise or amend this Notice of Privacy Practices.  Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.  Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**We may use and disclose your Individually Identifiable Health Information (IIHI) without written authorization in the following ways:**

**1.**       **Treatment:** Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.

**2.**       **Payment:** Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review.  An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery

**3.**       **Health Care Operations:**  Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service.  An example of this would be new patient survey cards.

**4.**       **Release of Information to Family/Friends:** Unless you object, our practice may release your IIHI to a family member or friend that is involved in your care, or who assists in taking care of you.  For example, a parent or guardian my ask that a relative or friend take their child to the doctor’s office for treatment of a cold.  In this example, the relative or friend may have access to this child’s medical information.

**5.**       **Appointment Reminders/Treatment Options:** We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

**6.**       **Disclosures Required By Law:** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

Most uses and disclosure of psychotherapy notes;

Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health

Care operations; Disclosures that constitute a sale of PHI under HIPAA; Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI:

The right to request restrictions on certain uses and disclosures of PHI, including those related to

disclosures of family members, other relatives, close personal friends, or any other person identified

by you.  We are, however, not required to honor a request restriction except in limited

circumstance which we shall explain if you ask.  If we do agree to the restriction, we must abide by it

unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of Protected Health

Information by alternative means or at alternative locations.

The right to inspect and copy your PHI.

The right to amend your PHI.

The right to receive an accounting of disclosures of your PHI.

The right to obtain a paper copy of this notice from us upon request.

The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed

If you have paid for services “out of pocket”, in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

This notice is effective as of September 23, 2013, and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect.  We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain,  We will post a copy and you may request a written copy of the revised Notice of Privacy practice from our office.

**If you have any questions about this notice, please contact the Practice Compliance Officer:**

**•** Annette Forrey, Office Manager – phone: 208-343-5910

Annette Forrey

Office Manager

L. William Nowierski, MD

PH: 208-343-5910

Fax: 208-384-8562