

**Rights Regarding
Protected Health Information**

In most cases, you have the right to request in writing and gain access to health information about you that we maintain to provide health care services to you. If you request copies, we may charge a reasonable cost-based fee for copying, mailing, labor/services or other related supplies. If we deny your request to review or obtain access, you may submit a written request for a review of that decision. Although the HIPAA Privacy Rules generally provide us 30 days to provide patient access, we shall act in accordance with other Federal and State laws that require us to provide access any sooner.

- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We reserve the right to deny your request to amend a record if we did not create the information; if it is not part of the medical information that we maintain; or if we determine that the record is accurate. You may appeal, in writing, our decision not to amend a record.
- In certain circumstances, you have the right to a list of those instances where we have disclosed health information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure. The request must be in writing and state the time period desired for the accounting, which must be less than a six-year period and start after April 14, 2003. The first disclosure list request in a 12-month period is free. A fee will be charged for additional requests according to the law. We will inform you of the costs before you incur them.
- **FIXLER DERMATOLOGY, INC.** has established a specific Compliance Program and policies, procedures and protocols to address patient access, amendment and accounting requests in accordance with applicable law, as well as how we may use or disclose Protected Health Information. You may request to review the Compliance Program and policies, procedures and protocols at any time by contacting **FIXLER DERMATOLOGY, INC'S** Privacy Officer, whose name and contact information is listed below.
- **FIXLER DERMATOLOGY, INC.** will make good faith efforts to distribute this Notice to you and to obtain written acknowledgement of your receipt of the Notice. To the extent that **FIXLER DERMATOLOGY, INC.** is unable to distribute or obtain written acknowledgement of your receipt of the Notice, **FIXLER DERMATOLOGY, INC.** shall document good faith efforts made to distribute the Notice to you, as well as the reason(s) why we were unable to distribute the Notice to you and/or obtain written acknowledgement of your receipt of the Notice.
- You have the right to request that health information about you be communicated to you in a confidential manner (such as sending mail to an address other than your home) by notifying us in writing of the specific way or location for us to use to communicate with you. You also have the right to request additional restrictions on how your Protected Health Information is used or disclosed. **FIXLER DERMATOLOGY, INC.** has the right to deny any such requests in accordance with the provisions of the HIPAA Privacy Rules.

Other Uses of Medical Information

- In other situations, and as required by the HIPAA Privacy Rules, we will ask for your written authorization before using or disclosing your health information. You can later revoke such authorization by notifying us in writing of your decision. Authorizations shall conform to the requirements of the HIPAA Privacy Rules.

Complaints

- If you have any questions or complaints about how **FIXLER DERMATOLOGY, INC.** handles your health information, you may contact our Privacy Officer, as follows:

Peggy Hundemer
Compliance and Privacy Officer
Fixler Dermatology
231 Main Street
Milford, Ohio 45150

- You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights ("OCR") at 200 Independence Ave. Washington, D.C. 20201 or call them at (202) 619-0257.
- You will not be retaliated against for registering or filing a complaint with OCR or us in good faith.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Name of Patient (please print): _____

Social Security # of Patient: _____

Signature of Person Acknowledging Receipt: _____

Date of Acknowledgement: _____

If other than Patient-Name and Relationship to Patient:

Name of Person Acknowledging Receipt: _____

Relationship of Person to Patient: _____