

## **NOTICE OF PRIVACY PRACTICES**

*It is the policy of Advanced Dermatology & Cosmetic Surgery that our employees comply with Health Insurance Portability and Accountability Act and California law.*

**Use and disclosure Health Information:** This information is considered “protected health information” under the HIPPA Privacy Rule. The law permits us to use or disclose health information for the following purposes without the patient’s written authorization.

1. **TREATMENT:** We use medical information to provide medical care and disclose medical information to our employees and others involved with providing the care our patients need.
2. **PAYMENT:** We provide health plans (insurance) the information they require before payment is made for the services provided. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to our patients.
3. **HEALTH CARE OPERATIONS:** We may use and disclose this information to get health plans to authorize services or referrals. We may also share medical information with our billing service that performs administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of this medical information.
4. **APPOINTMENT REMINDERS:** We may contact patients by telephone or mail as a reminder for appointments without disclosing medical information.
5. **SIGN-IN SHEET:** We may request our patients to sign in when they arrive at our office. We may also call out their names when we are ready to see them without disclosing medical information. We will use first or middle names only.
6. **NOTIFICATION & COMMUNICATION WITH FAMILY:** We may disclose patient health information to someone who is involved with patient care. If a patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient’s family and others.
7. **MARKETING:** We may encourage patients to purchase products or services we offer. We will not otherwise use or disclose our patients medical information for marketing purposes without their written authorization.

I have received an explanation of Advanced Dermatology & Cosmetic Surgery’s privacy practices. A copy of this explanation is also available upon request. Protection of patient’s privacy is important to Dr. Lashgari and all of the staff here. Please feel free to call our office at (760) 436-8700 if you have any questions regarding this notice.

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(Patient’s Signature)

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(Date)