

HIPAA PRIVACY NOTICE

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event that you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or toward event to a biological product(food or medication)
- Your confidential healthcare information may not be released for any other purpose than which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. This provision includes, but is not limited to any psychotherapy notes, for marketing purposes and any disclosures that may constitute a sale of your protected healthcare information. Any other uses or disclosures not described in this notice can only be made with your express authorization. You may revoke your permission to release confidential healthcare information at any time.
- You may restrict the disclosure of your protected health information of your protected health information for any services provided whereby you or somebody else pays “out of pocket”, in full, for the services.
- You may be contacted by the organization to remind you of any appointments.
- You have the right to opt out of any notifications regarding healthcare treatment options, marketing and fundraising, or other health services that might be of interest to you.
- You may be contacted by the organization for the purpose of raising funds to support the organization’s operations. It is your express right to opt out of any fund raising communications.
- You have the right to restrict the use of your confidential healthcare information. However, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this privacy notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information.
- The organization will promptly contact you should there be any breach of your protected healthcare information.
- The organization will abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to the organization if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the organization:

May River Dermatology, LLC
350 Fording Island Road Suite 100
Bluffton, South Carolina 29910

- All complaints will be investigated. No personal issue will be raised for filing a complaint with the organization.

For further information about this privacy notice, please contact: Bernie Traywick, Practice Administrator

- This notice is effective as of 11/01/2013.