



NOTICE OF PRIVACY PRACTICES

Effective October 1, 2019: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or disclose (share) your information other than as described in this notice unless you tell us that we can in writing via an authorization to release protected health information. If you tell us we can, you may change your mind at any time by letting us know in writing via a revocation of release of PHI notice.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

Treatment

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Operations

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Payment Purposes

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health & Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We can use or share your information for health research

Required by Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Workers' Compensation, Law Enforcement & Other Governmental Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to Organ & Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to Lawsuits & Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You Have the Right to Decide:

- How we share information with your family, close friends, or others involved in your care
- How we share information in a disaster relief situation

If you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.

We will never share your information unless you give us permission for the following:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again.

YOUR RIGHTS

When it comes to your health information, you have certain rights including:

Access to Your Medical Records

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request a Correction to your Medical Record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you in writing within 60 days and describe your rights to give us a written statement disagreeing with the denial. We may deny your request if:

- The health information was not created by Water’s Edge.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete
- You would not have the right to inspect and copy the record as described above.

Request Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to Restrict Health Information Used or Shared

You can ask us not to use or share certain health information for treatment, operations or payment purposes. We are not required to agree with your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a List of Those with Whom We Have Shared Information

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date requested, who we shared it with, and why. We will include all of the disclosures except for those about treatment, health care operations, payment, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you request another one within 12 months.

Get a Copy of this Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if you Feel Your Rights are Violated

You can complain if you feel we have violated your rights by contacting the Water’s Edge Dermatology Chief Compliance Officer.

Contact Information for Water’s Edge Dermatology’s Chief Compliance Officer

Mail: Water’s Edge Dermatology

Attn: Chief Compliance Officer

900 Village Square Crossing

Palm Beach Gardens, FL 33410

Email: compliance@wederm.com

Phone: 844-275-3458

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.