

**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.**

**A DETAILED DESCRIPTION OF THIS PRIVACY PRACTICES NOTICE MAY BE FOUND IN THE MAGAZINE DRAWERS OF THIS WAITING ROOM.**

This describes the type of information we gather about you, with whom that information may be shared and the safeguards we have put in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law, or permitted by law without your authorization. This notice describes practices of all of the persons and entities of Academic Dermatology of Nevada, regarding the use of your medical records.

1. Any health care professional of Academic Dermatology of Nevada, and all employees, staff and other personnel who may need access .
2. Keep confidential any medical information that concerns your condition/treatment, how your care is paid for and demographic information.
3. Give you this notice of our policies and procedures regarding privacy practices with respect to medical information about you.
4. Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.

**For Health Care Operations Purposes.** We may use or disclose medical information about you for health care operations purposes. This is to make sure that all of our patients receive quality care.

**Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care.

**Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a friend or family member who is involved in your care, with your permission. We may also give information to someone who helps pay for your care.

**As Required by Law.** We will disclose information about you when required to do so by federal, state or local law.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Academic Dermatology of Nevada. All complaints must be submitted in writing only. You will not be penalized for filing a complaint. Please address your complaint to the office address listed above.

I hereby acknowledge that I have received and/or reviewed a copy of the Privacy Practices Notice.

**Date:** \_\_\_\_\_ **Printed Name of Patient:** \_\_\_\_\_

**Signature of Patient:** \_\_\_\_\_

I also authorize the following individuals to have access to my records:

Name	Relationship
_____	_____
_____	_____
_____	_____