

**Bellevue Dermatology Notice of Privacy Practices:** It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. To that end, our practice and its physician and staff will:

- Adhere to the standards set forth in the Notice of Privacy Practices.
- Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for uses outside of practice’s TPO (treatment, patient, and healthcare operations) such as marketing, employment, life insurance applications, etc., without an authorization from the patient.
- Use and disclose PHI to remind patients of their appointments only within their consent.
- Recognize that patients have a right to privacy. Our practice and its physicians and staff respect the patient’s individual dignity at all times, to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.
- Recognize that, although our practice ‘owns’ the medical record, the patient has the right to obtain a copy of his/her PHI. Our practice and its physicians and staff will:
- Permit patients access to their medical records when their written requests are approved by our practice - All physicians and staff of our practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.
- All physicians must adhere to this policy. Our practice will not tolerate violations of this policy. Violations of this policy are grounds for disciplinary action, up to and including termination of employment.
- Our practice may change this privacy policy in the future. Any changes will be effective upon release of a revised privacy policy and will be made available to patients upon request

## **Patient Consent for Use and Disclosure of Protected Health Information**

- With my consent, Bellevue Dermatology Clinic may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations. (TPO)
- With my consent, Bellevue Dermatology Clinic may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care.
- With my consent, Bellevue Dermatology Clinic may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
- By signing this form, I am consenting to Bellevue Dermatology Clinic’s use and disclosure of my PHI to carry out TPO.
- I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

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Signature of Patient

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Date

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Patient Name