



Notice of Privacy Practices

This notice describes Bliss Dermatology's privacy practices, including all employees, providers, and business partners.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- In the unlikely event a breach occurs, we will promptly inform you of the potential compromise of your information.
- We will follow the Duties and Privacy Practices described in this notice and provide you with a written or electronic copy.
- We will not disclose your information other than as described in the notice and in accordance with privacy laws. Should you wish additional information disclosure to occur, we require you to sign a Medical Information Release Form, which will remain in effect unless you revoke the permission in writing.
- You may change your mind at any time regarding the additional release of medical information and revoke a medical release by providing us with written notice of Revocation of Release of Protected Health Information.
- We reserve the right to update or change the terms of this notice in accordance with compliance laws. A new notice will be available upon request, in our offices, and on our website.

Uses and Disclosures

This section describes how your health information may be used by our practice and others outside of our practice who are involved in your care and treatment for the purpose of providing healthcare services to you, to seek payment for healthcare provided to you, and to support the operations of our medical, surgical, and cosmetic services.

Treatment

We can use and disclose your health information to provide, coordinate, or manage your healthcare and related services. For example, we may,

- Contact you to provide treatment-related services, appointment reminders, adherence communications, refill reminders, and treatment alternatives that may be helpful to you in your healthcare.



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- Use and disclose your health information to provide and coordinate treatment, diagnose conditions, prescribe medications, and deliver services to you at our practices.
- Disclose your health information to coordinate or manage your healthcare with a third party, such as a pharmacy, referring doctors or hospitals, or other healthcare professionals involved in your care.

Practice Operations

We can use and share your information to run our practice and ensure all of our patients receive quality care. For example, we may:

- Use health information to review our treatment and services and evaluate the patient experience in our care.
- Use a collection of information to decide what additional services we should offer, what services are not needed, or whether specific new treatments are effective.
- Use a sign-in sheet at the registration desk where you may be asked to sign your name and indicate your provider. We will call you by name in the waiting room when your provider is ready to see you.
- Use and disclose your health information to contact you about health-related products and services.
- Disclose your health information to other health care providers that have provided services to you to improve the quality and safety of the health care services they provide or for their health care operations.
- Use your health information to de-identify data as permitted by law. After health information is de-identified (no longer identifies you), the information is no longer subject to the Notice and will be used per the law.
- Transfer or receive your health information if we buy or sell physician practice locations.
- Use your health information to provide customer service, resolve complaints, and coordinate your care.
- Disclose your PHI to other practices within the Organized Health Care Arrangement in which we participate to assist them in healthcare operations.

Payment Purposes

We can use and share your information to bill and receive payment from health plans or other entities. We may tell your health plan about the treatment you are receiving or going to receive to obtain approval or to determine if your plan will cover the treatment costs.

Public Health and Safety Issues

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

- Preventing or controlling disease, including mandatory reportable conditions
- Product recalls
- Reporting adverse reactions to medications or treatments
- 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 health information for health research or research projects that comply with federal privacy laws. In some circumstances, federal law allows us to use or disclose your health information for research without your authorization if an Internal Review Board approves. We may disclose your health information to a researcher or research group preparing to conduct a research project where the law permits.

Required by Law

We will share information about you if state or federal law requires it, including the Department of Health and Human Services.

Persons Involved in Your Care

We may disclose your health information to people involved in your care, such as friends or family members listed on your HIPAA disclosure form. If you no longer want information released to people on your HIPAA disclosure form, you must revoke this permission in writing.

Business Associates

We may disclose your health information to individuals or entities that perform healthcare services or provide us with services or information required for your care.

Law Enforcement & Other Governmental Requests

We can use or share your health information for:

- 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 will share health information about you for the purpose of organ procurement per your organ donation status.

Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual passes away to help them carry out their duties. Upon your death, we may disclose your health information to an administrator, executor, or other individual authorized under law to act on behalf of your estate.

Responses to Lawsuits & Legal Actions

We can share health information in response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process.

Health Care Oversight Activities

We may share your health information to a health oversight agency for investigations, inspections, audits, surveys, licensure, disciplinary actions, and in certain civil, administrative, and criminal procedures or actions or other health oversight activities as authorized by law.

Minors

If you are a minor, we may use or disclose your health information to your parents or legal guardians when permitted or required by law.

Your Choices

For certain health information, you can tell us your choices regarding the information we can share. Please let us know if you clearly prefer how we share your information.

You Have the Right to Decide:

- How we share information with your family, friends, or others involved in your care that are not mentioned above
- How we share your information in a disaster relief situation

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

We will not share your information without your permission in the following cases:

- Marketing purposes
- Most psychotherapy or protected mental health records
- Most protected diagnoses

Your Rights

Access to your Medical Records

You may access your medical records via the Patient Portal or APPatient anytime. All information required by law is immediately available for you to view, download, and transmit at your discretion.

If you prefer a paper copy of your record and ask us to print, mail, or otherwise release paper records, we will do so within the legal guideline of 30 days. We may charge an administrative fee for these services.

We are required to release only the information detailed in the law. This does not include a comprehensive extract of your entire electronic health record where other private communications or documentation is required for the operations of our practice.

Request a Correction to Your Medical Record

If you believe incorrect information is contained in your medical record, you may request a correction, in writing, for review by your medical provider. There are certain circumstances where your request for a change or update to your medical record may be denied by law.

These include:

- Health information that was not documented or created by our practice
- Health information that is not needed to make medical decisions about your care.
- The information in the medical record is deemed to be correct and complete.



Request Confidential Communications

You can ask us to contact you in a confidential way. This includes by phone, text, email, or regular mail. We will do our best to accommodate all reasonable requests that do not interfere with the operations of our practice.

Ask Us to Restrict Health Information Used or Shared

We will not share information with any individual not included as approved on your HIPAA medical release form. If you prefer to pay out of pocket for services and do not want a claim submitted to your insurance company, we will honor this request unless otherwise required to do so by law.

Request a List of Those With Whom Health Information Was Shared

You may request a list of those with whom your health information was shared, including the number of times it was shared and the reasons for sharing. Only health information available from six (6) years prior to the date of the request is required by law. We will charge an administrative fee for compiling this information.

Receive a Paper Copy of the Privacy Notice

If you prefer a paper copy of our privacy practice notice, please inform our office management team. We will promptly share a paper copy with you.

Choose Someone to Act on Your Behalf

If you have given medical power of attorney or guardianship to another, we must be given a copy of the legal document to honor this request.



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File a Complaint

You may log a complaint if you believe your rights have been violated by contacting our Chief Operations Officer.

Mail: Bliss Dermatology
Attn: Chief Operations Officer
315 Nokomis Avenue S
Venice, FL 34285

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We are not permitted, by law, to retaliate against you for filing a complaint.

A current copy of this Notice is on display in our offices for your convenience.

Patient Signature: _____

Date: _____