

**Kallgren Dermatology Clinic**  
3434 47th St. Suite 200 Boulder, CO 80301  
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**NOTICE OF PATIENT PRIVACY PRACTICES AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A  
RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

**EFFECTIVE DATE OF THIS NOTICE: January 1, 2015**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF KALLGREN  
DERMATOLOGY CLINIC) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR  
INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION  
PLEASE READ THIS NOTICE CAREFULLY**

**A. OUR COMMITMENT TO YOUR PRIVACY:**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of legal duties and the privacy practices that we maintain in our practice concerning your PHI. Be Federal and State Law we must follow the terms of the privacy practices that we have in effect at the time.

We realize that these laws can be complicated but are required to provide you with the following information:

- 1) How we may use and disclose your PHI.
- 2) Your privacy rights in your PHI.
- 3) Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that we may create or maintain in the future. Our practice will post a copy of our current Notice on our website and in our office in a visible location at all times, and you as the patient may request a copy of our current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:**

The Practice Manager at our location is Mr. Kevin Maguire, HIPAA Privacy Official for Kallgren Dermatology Clinic, telephone number 303-444-8100.

**C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING  
WAYS:**

**Treatment.** The information in your medical records will be used to determine which treatment options best addresses your health needs. The treatment selected will be documented in your medical records so that other health care professionals can make informed decisions about your care. For example, we may request you have laboratory tests and we may use the results of those test to reach a diagnosis. Many of the people who work for our practice, including but not limited to our healthcare providers and staff, may use or disclose your PHI in order to treat you or assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse,

children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

**Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services, treatments, and products you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and the range of benefits), and we provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services, treatments and other items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Health Care Operations.** Our practice may use and disclose your PHI to operate our business, and may use your PHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

**Appointments and Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or as a follow up on treatment or services performed. This contact may be via telephone, in writing either by letter or post card, e-mail, or by leaving a message on your answering machine, which could (potentially) be picked up by others.

**Treatment Options.** Our practice may use and disclose your PHI to inform you or potential treatment options and alternatives. We may treat you in an open treatment area and some incidental PHI may be overheard by other patients being treated at the same time.

**Health Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. For example, we may send you newsletters that may include information about our practice, health related issues, and products and services.

**Release of Information to Family and/or Friends.** Our practice may release your PHI to a family member or friend that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take your child to our office for treatment of a wart. In this example, the babysitter may have access to your child's medical information.

**Disclosure Required by the Law.** Our practice will use and disclose your PHI when we are required to do so by Federal, State or Local Law.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:**

The following categories describe unique scenarios in which we may use or disclose your protected health information:

**Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- A. maintaining vital records, such as births and deaths;
- B. reporting child abuse or neglect;
- C. preventing or controlling disease, injury or disability;
- D. notifying another person regarding potential exposure to a communicable disease.