



Bryn Mawr Dermatology Notice of Privacy Practices

The misuse of Protected Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that our employees continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." **We strive to achieve the very highest standards of ethics and integrity when performing services for our patients.**

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

It is our policy to listen to our employees and our patients without risk of penalization if they feel that an event compromises our policy of privacy and integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

We also want you to know that we support your full access to your personal medical records. You may request restrictions pertaining to parties you do not want PHI released to. You will be asked to authorize release of PHI to any party that is not directly connected to your treatment, payment or health care operations.

We reserve the right to disclose any and all medical findings, documentation and treatment notes of the undersigned for the purpose of medical treatment, medical quality assurance, peer review, and *if applicable* to process the insurance claim for services rendered.

If you have any questions, comments or objections to the privacy policies on this form, please ask to speak with our HIPAA Privacy Officer. You have the right to review our entire notice of privacy policies upon request.

I have read, understand and will comply with the information contained within this policy.

Printed Name of Patient

Printed Name of Responsible Party

Patient or Responsible Party Signature

Date