



Notice of Privacy Practices ACKNOWLEDGEMENT of RECEIPT of PRIVACY NOTICE and Consent for Use or Disclosure of Patient Information for Purposes Of Treatment, Payment and Healthcare Operations

Our office respects the privacy of personal information and understands the importance of keeping this information confidential and secure. This Notice describes our privacy practices with respect to your health information. Our privacy practices apply to current and former patients.

Types of Personal and Health Information We Collect

We collect a variety of personal and health information when delivering health care. You provide some of this information, when you initially come into the office (such as address, Social Security number, and health history). We also receive additional personal and health information (such as eligibility) through our transaction with employers, insurance companies and other health care providers. We limit the collection of personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements.

How We Protect Personal and Health Information

We treat personal and health information securely and confidentially. We limit access to personal information to only those persons who need to know that information to provide services to patients (for example, our billing personnel and medical assistants). These persons are trained on the importance of safeguarding this information and must comply with our procedures and applicable law. We meet physical, electronic and procedural security standards to protect personal and health information and maintain internal procedures to promote the integrity and accuracy of that information.

Disclosure of Personal and Health Information

We may share any of the personal and health information we collect (as described above) with our associates as permitted by law. We may also disclose this information to non-associated entities or individuals as permitted or required by law. Non-associates with whom we may disclose information as permitted by law include our attorneys, accountants and auditors, a patient's authorized representative, other health care providers, public health authorities, coroners, medical examiners, funeral directors, and organ donation organizations, Institutional Review Boards for research purposes, third party administrators, insurers, and law enforcement or regulatory authorities. We may also disclose any of the personal and health information we collect in order to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you. In addition, in

the event that this practice is sold or merged with another office, your personal and health information will become the property of the new owner. We do not disclose personal or health information to any other third parties without a patient's request or authorization.

You may request restrictions on certain uses and disclosures of your personal and health information. Your restriction request should be submitted in writing. According to HIPAA regulation, we are not required to agree with a requested restriction.

Individual Rights to Access & Correct Personal Health Information

We have procedures for a patient to access the personal and health information we collect, and other than information we collect in connection with, or in anticipation of, a lawsuit or legal claim, we will make this information available to the patient upon written request.

Our goal is to keep our patients information up-to-date and to correct inaccurate information. We have procedures in place to ensure the integrity of our information and for the timely correction of incorrect information. If you believe that any personal or health information we have about you is not accurate, please let us know by contacting our Privacy Officer at 502-583-6647.

Further Information

The practice reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, the practice is required by law to comply with this Notice.

Patient Portal

Upon your request or consent, we will make your medical chart available to you via our patient portal at www.skingroup.org. This site is maintained by our EMR vendor. This portal will allow you to view your clinical summary from your office visits as well as additional information regarding your care. If you have questions or issues with using your portal account, please contact us at 502-583-6647.

I hereby consent to the practice using or disclosing my personal and health information for the reasons listed above. I further acknowledge the practice has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights I have regarding my personal and health information.

Signature of Patient/Parent/Guardian or Authorized Representative

Printed Name of Patient/Parent/Guardian or Authorized Representative

Date of Birth Date of Signature