



LAZZARA
DERMATOLOGY &
MOHS SURGERY

of Milton

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI).

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

I understand that under the Health Insurance Portability and Accountability Act of 1996(HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used:

-For treatment: This includes the provision, coordination, or management of healthcare and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

-For payment: This includes any activities we must undertake in order to get reimbursed for the services provided to our patients, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

-For Healthcare operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities. I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have reviewed such Notice of Privacy Practices prior to signing this consent and acknowledge a clear understanding of the Privacy Practices. I understand that Lazzara Dermatology & Mohs Surgery of Milton has the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI that has been maintained by Lazzara Dermatology & Mohs Surgery of Milton. Any material changes to the Notice will be promptly posted in the office of Lazzara Dermatology & Mohs Surgery of Milton. I will be given a copy of the latest version of this Notice at my next visit if I request it.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

At no time will your information be used for marketing purposes without your written consent.

Your Rights: The right to revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

-The right to request restrictions on the use and disclosure of your protected health information. Your request must be made in writing.

-The right to receive confidential communications concerning your medical condition and treatment. Your request must be made in writing.

-The right to inspect and copy your protected health information. Your request must be made in writing. We reserve the right to charge a reasonable fee for copies.

-The right to amend your protected health information. You must submit a request to amend your health information in writing and give a reason for your request. We may deny your request to amend in certain instances.

-The right to receive a printed copy of this notice.

-The right to request an accounting of how and to whom your protected health information has been disclosed by us during a specified time period of up to six years, other than disclosures made for treatment, payment and health care operations, to family members or friends involved in your care, to you directly, pursuant to an authorization of you or your personal representative, or certain notification purposes.

RIGHT TO REVISE PRIVACY PRACTICES As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Breach Notification In the event of a breach of unsecured protected health information, you will be notified by us as required by law. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

CONTACT: Lazzara Dermatology & Mohs Surgery of Milton, LLC
12455 Broadwell Road, Ste 102, Milton, GA 30004
Phone: 770-375-6197

Effective Date: This Notice is effective on or after March 31, 2025.