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HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. IF YOU YHAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care generated by this practice including personal, insurance and medical information.

The Law requires us to make sure that any information that identifies you is kept private. The following categories describe ways that we may use and disclose medical information.

- **FOR TREATMENT**: We may share medical information about you with family members, physicians, or others we use to provide services that are part of your care.
- **FOR PAYMENT**: We may use and disclose medical information and/or personal information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.
- **APPOINTMENT REMINDERS AND CALLBACKS**: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at this practice. We may also use information to contact you following a procedure.
- **AS REQUIRED BY LAW**: We will disclose any information about you when required to do so by federal, state or local law. This would also include if you are involved in a lawsuit or a dispute, we may disclose information about you in response to a subpoena or other lawful process by someone.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This may also include the prevention or control of disease, reporting deaths, reporting child abuse or neglect and to report reactions to medications.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the practice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

If you provide us permission to use or disclose any information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose any information about you. You must understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provide to you.

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, ask the receptionist.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with Tampa Palms Dermatology please contact the Privacy Officer listed below.

Privacy Officer:
Glenda Stanley (Office Manager)
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