



Nondiscrimination Policy

Florida Institute of Dermatology complies with the applicable Federal rights laws and does not exclude or discriminate against any person on the basis of race, color national origin, age, disability, or sex. This statement is in accordance with the provisions of Title VI of Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Part 80, 84, 91, and 92.

Florida Institute of Dermatology provides:

(1) Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

(2) Free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Tonya Taylor, (407) 395-3770

If you believe that Florida Institute of Dermatology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Mail
- E-mail
- Fax
- In person

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building



Notice of Privacy Practice

USES AND DISCLOSURES

1. During your course of treatment it will be necessary for our practice to share your medical information in the following examples
 - **Laboratory Procedures:** In order to correctly identify any specimens that we forward to the laboratory, we will need to include your medical information on the laboratory request form.
 - **Physician Referral:** If we determine that you should be treated by another physician in a different specialty, we will need to forward your medical information to that physician's office.
 - **Billing & Collections:** In order for our practice to receive payment from your insurance company, we will need to share your medical information with your carrier.
2. On a much less frequent basis, our practice may be required to disclose confidential information with your written consent for the following legal reasons:
 - Uses and disclosures for the public health activities
 - Reporting about victims of abuse, neglect or domestic violence
 - Disclosures for health oversight activities
 - Disclosures for judicial and administrative proceedings
 - Disclosures for law enforcement purposes
 - Uses and disclosures about decedents
 - Disclosures to avert a serious threat to health or safety
 - Uses and disclosures for specialized government functions
3. Any other uses and disclosures of your health information will require your individual written authorization which you may revoke such authorization.
4. On occasion, our employees may contact you at home to provide appointment reminder or information about your treatment.

PATIENT RIGHTS

1. The right to request restrictions on certain uses and disclosures, including a statement that the practice is not required to agree to a requested restriction
2. The right to receive confidential communications
3. The right to inspect and copy protected health information
4. The right to amend protected health information
5. The right to receive an accounting of disclosures of protected health information
6. The right of an individual to obtain a paper copy of this notice from the practice upon request



MEDICAL PRACTICE DUTIES

1. Our practice is required by law to maintain the privacy of confidential information and to provide our patients with notice of its legal duties and privacy practices with respect to such information
2. Our practice is required to abide by the terms of the notice currently in effect
3. Our practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all confidential information that it maintains. Any revisions to our Privacy Practice Policy will be noted in this Notice with an effective date of such change.

PRIVACY OFFICER

Our Office Manager is the designated Privacy Officer and can be contacted at: (407) 395-3770