DERMATOLOGY & LASER SURGERY CENTER

1802 Binz Street, 5th Floor
Houston, Texas 77004
P. (713) 900-3900
F. (713) 900-3903

Paul Friedman, MD
Heather Richmond, MD
Emily Guo, MD
Megan Couvillion, MD

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.

NOTICE OF PRIVACY PRACTICES PURSUANT TO 45 C.F.R. § 164.520

Our Duties
Dermatology Laser Surgery Center is required by law to maintain the privacy of your Protected Health Information ("PHI"). PHI consists of individually identifiable health information, including demographic information, that relates to your past, present, or future physical or mental health condition, the provision of healthcare to you, or payment for that care. We must provide you with notice of our legal duties and privacy practices and are required to abide by the terms of this Notice currently in effect. We reserve the right to change our privacy practices and make new provisions effective for all PHI we maintain. We will post a copy of any revised Notice in our office and, if applicable, on our website.

Examples of Uses and Disclosures of Your PHI Relating to Treatment, Payment, and Operations
Treatment. We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes disclosure to other healthcare providers involved in your care.
Payment. We may use your PHI to obtain payment for services provided, including submitting claims to insurance companies or billing you directly.
Health Care Operations. We may use your PHI to support business activities such as quality assessment, training, auditing, and administrative operations.

Description of Other Required or Permitted Uses and Disclosures of Your PHI
We may also use or disclose your PHI for appointment reminders, as required by law, to avert a serious threat to public health or safety, for workers' compensation, and for other purposes permitted by law.

Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2
Certain substance use disorder ("SUD") records are protected under federal law. These records require specific written consent for disclosure and cannot be used in civil, criminal, administrative, or legislative proceedings without your consent or a valid court order. Disclosures must include a written statement prohibiting redisclosure unless permitted by law.

Reproductive Health Privacy Protections
We are prohibited from using or disclosing PHI for the purpose of investigating or imposing liability related to reproductive healthcare. This includes abortion care, fertility treatment, and miscarriage care. In certain circumstances, we may require a signed attestation prior to disclosure to ensure compliance with federal law.

Patient Rights Related to PHI
You have the right to request access to your PHI, request amendments, request restrictions, receive confidential communications, and obtain an accounting of disclosures. You may also request a paper copy of this Notice at any time.

Contact Person
You may contact our Privacy Officer for any questions or complaints:
Dermatology Laser Surgery Center
1802 Binz St Suite 500
Houston, TX 77004
Phone: (713) 900-3900

I hereby acknowledge receipt of Dermatology Laser Surgery Center's Notice of Privacy Practices.
Name (please print): _____
Signature: _____
Date: _____