

# Specialists in DERMATOLOGY P.L.L.C.

*Professional Solutions For Your Skin*

**Dear Patient,**

**The following information is our notification to you of Specialists in Dermatology, PLLC Patient Policies and Procedures. Some of our policies are in place because they are required by law (such as the Privacy Policy which safeguards your protected health information). Other policies were put into place by Specialists in Dermatology, PLLC to ensure our clinic runs efficiently. We would be happy to discuss further with you any of the policies below if you have any concerns or questions. Please review the policies below, sign/initial where required, and return to our front office staff. Thank you for your cooperation.**

Linda C. Barrows, M.D.  
Senait W. Dyson, M.D.  
Weimin K. Hu, M.D., Ph.D.  
Kathy Langevin, M.D.  
John C. Moseley, M.D.  
Mindy L. Powell, M.D.  
William M. Brennan, P.A.-C.  
Stephen T. Cox, P.A.-C.  
  
Karin A. Myers, P.A.-C.

## Privacy Policy and Notification

Protecting the personal information of our patients (protected health information, PHI) is important to our clinical practice, and we will endeavor to have the internal practices to ensure the safety and security of your PHI. We at Specialists in Dermatology use your PHI for treatment, for healthcare reimbursement, and for healthcare operations. We maintain policies and procedures along with staff education to better protect your personal health information. We do not allow anyone to enter our clinical facilities unless they are part of our staff or they are escorted to a treatment room, or, in the case of a healthcare operations matter, to our conference room or our offices. We utilize your health information clinically by providing a report to your primary care physician. We utilize your health data to submit requests for reimbursement from your insurance carrier. We also have contracts with transcription services and accountants to perform our daily office operations. We have developed a policy and a written statement that all contractors must sign that they will safeguard all information provided to them in the performance of their contractual duties for Specialists in Dermatology. We have developed internal practices to ensure our electronic data is as secure as possible. Our software supplier has complied with appropriate federal laws with scrambling the data to ensure privacy in transmission. Each of our employees has their individual password to log onto the electronic information. We maintain practices and policies that computer screens do not remain open with PHI information if the employee is not occupying the computer. These are just a few of the steps that we take to protect your PHI.

As a patient you are entitled to review your personal health information. You may also amend your health record. If you request your medical record for review, we will endeavor to respond as soon as possible, but not later than 30 days. If you wish to amend your medical record after review, then Specialists in Dermatology has 60 days to respond to you in writing related to agreeing to amend the record. Please note that if you would like to have a copy of your health record (PHI), there will be a charge for the copying and the time to copy the record. This will be at your cost. You also have a right to receive an accounting of disclosure of protected information.

Specialists in Dermatology will abide by all laws, federal and state, related to the privacy of protected health information. We will abide by the terms in this notice provided to you, and we will endeavor to review our operations so as to do the very best that we can in protecting your health information. Please – if you have questions or concerns related to this notice or your privacy rights – contact our practice manager by calling (520) 382-3330. You may also share your questions or concerns with your physician or with the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Specialists in Dermatology reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that it maintains. We will notify our patients that we have updated our notice to protect health information by posting a notice at our reception window.

**(PLEASE TURN OVER TO CONTINUE REVIEWING)**

2732 N. Alvernon Way ♦ Tucson, AZ 85712 ♦ Office: 520-382-3330 ♦ Business Office: 520-382-3357 ♦ Fax: 520-382-3340  
Northwest Office ♦ 6130 N. La Cholla, Suite 200 ♦ Tucson, AZ 85741 ♦ www.clearskindoctor.com

**No Show Policy**

Due to the large number of patients that do not show up or cancel their appointments, Specialists in Dermatology, PLLC regretfully has implemented a "no show policy". When a patient does not show up for their appointment it affects other patients that are waiting for an appointment and could have had an earlier appointment time.

- Specialists in Dermatology, PLLC will charge a \$25.00 fee for any patient who does not show up for their appointment and/or who does not cancel their appointment 24 hours in advance. Please make note of your appointment date. As a courtesy, our staff will attempt to confirm your appointment two (2) days in advance. In the event we are unable to reach you, it is still your responsibility to make your appointment.
- Please be sure your information is correct, enabling us to contact you.

Thank you for your understanding.

**Living Will**

A living will is a written or oral statement about the type of medical care you do or do not want if you become unable to make your own decisions. Every competent adult has the right to make decisions regarding her or his health care, including the right to choose or refuse medical treatment. To ensure that your wishes are respected in the event that you become incapacitated, it is a good idea to provide a copy of your living will to your physician, any healthcare facility upon admission, anyone you have named to make health care decisions for you in a health care power of attorney, and possibly close family members.

If you have a living will, we would be happy to maintain a copy of it in your medical record. If you do not have a living will, but are interested in obtaining one, we can provide you with the State of Arizona Living Will Instructions and Form.

Please initial your choice below.

- \_\_\_\_\_ I have a living will already in place and will provide a copy to your office.
- \_\_\_\_\_ I have a living will but will not provide a copy to your office.
- \_\_\_\_\_ I do not have a living will but would like a copy of the State of Arizona Living Will Instructions and Form.
- \_\_\_\_\_ I do not have a living will and am not interested in obtaining one.

We respectfully request that you signify your review of this important notice by your signature and date below.

Patient Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date