

# **Cosmetic Dermatology Center**

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## **Notice of Privacy Practices**

This notice describes how information about you may be used and disclosed during your medical treatment and how you may gain access to this information. Please review it carefully.

Examples of uses and disclosures for treatment:

- If the doctor requires your medical records from another physician's office or if the doctor refers you to another physician's office and has records sent to them.
- If the doctor requests testing, labs and technicians may send your results electronically to our secure fax.
- The physician or staff may call you and leave a message for you to return our call.

Examples of uses and disclosures to operate the practice:

- The staff may call or email you to remind you of or follow-up after an appointment.
- The staff may mail or email you notices from the practice.
- The staff may submit a claim or authorization form to your insurance that contains your name, address, social security number, diagnosis, and procedures performed in our office.

Please note that the practice may only disclose your information with your consent with the exception of when the law requires us to disclose information to government authorities. Examples of such cases include infectious disease.

You have the following rights regarding your protected health information and the practice must act within 60 days:

- You may request to inspect or receive a copy of your protected health information.
- You may request that your information be amended.
- You may request a copy of this notice.

The law requires the practice to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices.

The law requires the practice to abide by the terms of this notice and to provide individuals with notice revisions.

You may complain to the practice or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

Once signing this consent, you fully understand our obligation to uphold your privacy as well as our obligation to potentially use and disclose your medical information in concern of your treatment or as means of operating our practice.

\_\_\_\_\_  
Patient or Authorized Signature

\_\_\_\_\_  
Date

*Last Amended: August 22, 2011*