



**CARSON DERMATOLOGY  
SKIN CANCER CENTER**

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**Medical Privacy Notice  
HIPAA  
Health Insurance Portability Accountability Act**

In 1996, Congress passed a series of legislative acts designed to assure the security and confidentiality of medical records and information. This legislation is collectively known as HIPAA. All medical facilities and providers are required to comply with these requirements as of April 14, 2003.

**Permitted uses and disclosures of your medical information**

- 1.) Treatment, Payment and Healthcare Operations
- 2.) To communicate with your other physicians and health care providers
- 3.) To communicate with your insurance company for authorization and payment purposes
- 4.) Under rare circumstances to comply with court orders, police or national security directives
- 5.) To comply with public health directives laws and regulations

**Other disclosures or uses of your personal health information (PHI) require your written permission.**

**You are entitled to**

- 1.) Inspect, copy or amend your medical information.
- 2.) Restrict the use of your medical information by informing us in writing
- 3.) File a written complaint with the office if you feel your medical privacy rights have been violated.

**We are additionally required to**

- Post a copy of our privacy policy in the waiting area
- Maintain a written privacy policy for the practice and provide you with a copy upon request
- Request that you read and sign a copy of this notice, which will be placed in your chart
- Provide you with the information required to file a privacy complaint with our office or with The federal Office of Civil Rights (OCR) on request.

**I acknowledge I have been given this form, offered a copy of the privacy policy and had the opportunity to ask any questions \_\_\_\_\_ (name printed)**

\_\_\_\_\_ (signed) \_\_\_\_\_ (date)

**The patient declined to sign and/or review/acknowledge this form**

\_\_\_\_\_ (office staff) \_\_\_\_\_ (date)