

**Summary Notice of Privacy Practices**  
Strother Dermatology and Laser Treatment Center  
Michele Shapiro, Administrator, Privacy Officer

Effective Date: January 1, 2013

**This notice is a summary of how medical information about you may be used and disclosed and your right to access to this information. A copy of the full Notice of Privacy Practices is available at the front desk and may be requested from a staff member.**

**THE LAW PERMITS US TO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES:**

- 1. Treatment:** To provide your medical care, your information will be disclosed to employees, other physicians, pharmacies, laboratories, family members, and others who are involved in your care. While receiving treatment in open areas, discussions may be incidentally overheard by others receiving treatment.
- 2. Payment:** To obtain payment from your insurance company or health plan.
- 3. Health Care Operations:** To manage the daily operations of this practice.
- 4. Appointment Reminders:** Messages may be left on your voice mail or with the person answering your phone or via text or email.
- 5. In the reception area to call you back for your appointment:** Your name will be announced.
- 6. Notification and communication with family:** In the case of an emergency we will use our best judgment in communication with family members.
- 7. Marketing:** To give you information about products or services related to your treatment.
- 8. Other instances:** Required by law, public health, health oversight activities, judicial and administrative proceedings, law enforcement, coroners, organ and tissue donation, public safety, specialized government functions, change of ownership.
- 9. Workers' Compensation:** For coordinating your care with your adjustor and obtaining payment.
- 10. Research:** We may use or disclose your demographic information to researchers conducting research for studies in which you have enrolled and to which you have consented.

**Except as described in this Notice,** health information that identifies you will not be used without your written authorization. If you do authorize the use of this information, you may revoke your authorization in writing at any time.

**You have the right to:**

- Request special privacy protections,
- Request confidential communications,
- Inspect and copy (for a reasonable fee as allowed by Washington law),
- Request to amend or supplement,
- Request an accounting of disclosures,
- Make a complaint without penalty.

Please see the complete notice for the procedures for making any of these requests, or phone our privacy officer identified above. We reserve the right to amend this Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice.