

Dermatology Associates of Northwest Florida, PA

D/B/A Pensacola Dermatology by Amy Watson, MD and Pensacola Dermatology

Notice of Privacy Practices

Effective Date: July 1, 2025

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

Privacy Officer: Kyle Watson

Phone: 850-477-4447

Address: 4850 Grande Drive, Pensacola, FL 32504

Website: www.pensacoladerm.com

Section A: Who Follows This Notice

This notice applies to Dermatology Associates of Northwest Florida, PA ("Pensacola Dermatology") and all personnel authorized to access or create protected health information (PHI), including:

- All departments, staff, and physician extenders (such as physician assistants or nurse practitioners) under the direction of Dr. Amy Watson
 - Volunteers and contractors under the practice's control
 - Healthcare providers affiliated with the practice for treatment, payment, or operations purposes
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Section B: Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
 - Provide you with this notice outlining our legal duties and privacy practices
 - Abide by the terms of this notice currently in effect
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Section C: How We May Use and Disclose Your Information

We may use or disclose your medical information for the following purposes:

Treatment

To provide, coordinate, or manage your care. For example, a provider may consult with a specialist, your primary care provider, pharmacist, laboratory, or clinical team member about your condition or treatment plan. These communications may occur in person, by phone, or through secure or unsecured electronic means — including email, EHR messaging, or text messaging — without requiring your specific authorization, as permitted by law.

Payment

To obtain payment for your care. This includes:

- Billing you, your insurance, or other third parties
- Verifying insurance coverage
- Using a third-party collection agency if your account becomes delinquent
- In the event of a payment dispute or chargeback, we may share limited necessary information (such as your name, date of service, and transaction amount) with your bank or payment processor to resolve the issue, including visit details only if pertinent to clarify the nature of the chargeback
- Submitting claims through an electronic clearinghouse, which may access and transmit your PHI as needed to process insurance claims. This disclosure is permitted under HIPAA and does not require separate patient authorization

We will only share the minimum necessary information to complete these activities.

Healthcare Operations

To support internal operations such as:

- Quality assessment
- Staff training
- Accreditation and licensing
- Auditing and compliance

We may share your PHI with third-party vendors (Business Associates) who assist with services such as billing, IT support, secure messaging, marketing communications, advertising, data hosting, electronic recordkeeping, legal services, accounting, consulting, and cloud-based electronic medical record (EMR) systems. These Business Associates are required to sign and comply with strict Business Associate Agreements (BAAs) in accordance with HIPAA privacy and security rules. The employees, contractors, affiliates, and support personnel of these Business Associates are also required to follow the terms of the BAA under the supervision and responsibility of the Business Associate. Their access may include data storage, processing, support, troubleshooting, security monitoring, software updates, backups, and compliance auditing.

We may also allow students and trainees — including high school or undergraduate students, physician extenders in training, individuals enrolled in trade or technical schools (e.g., medical assistant or medical office administration programs), or other healthcare learners — to observe or participate in your care as part of their educational experience. These individuals are always supervised and are required to follow all privacy and confidentiality standards.

Appointment Reminders and Communications

We routinely communicate with patients or their authorized representatives using phone, secure email, secure text messaging, mail, and voicemail when authorized by the patient or legal guardian. These communications may include making appointments, appointment reminders, billing updates, treatment instructions, and other health-related information. Secure text messaging is enabled by default and may be used as a primary method of contact, but patients may opt out at any time. When patients authorize specific individuals on our *Authorization to Release Protected Health Information* form, we may send unencrypted texts regarding non-clinical matters, which may include account balance, date of service, or account number. Sensitive health information will not be shared via unencrypted text without explicit permission. We may also leave voicemail messages containing PHI if the patient or legal guardian has authorized this communication method on our *Authorization to Release Protected Health Information to Family and Friends* form.

Treatment Alternatives and Health-Related Services

We may tell you about other treatments or services that may be beneficial to your care.

When Authorization is Required

Certain uses—such as most marketing or the sale of PHI—require your written authorization. You may revoke that authorization at any time in writing.

Section D: Special Situations

We may also disclose your PHI without your authorization as permitted or required by law, including:

- Public health activities (e.g., disease reporting, FDA reporting, exposure notification)
- Abuse or neglect reports
- Health oversight (e.g., inspections, audits, investigations)
- Legal proceedings (e.g., court orders or subpoenas)
- Law enforcement purposes (e.g., identifying a suspect or reporting a crime)
- Medical examiners, coroners, and funeral directors

- Organ or tissue donation coordination
- Military and national security activities
- Workers' compensation claims
- Inmate or custodial situations where PHI is needed for safety or treatment

Practice Transition or Closure

If the practice undergoes a merger, affiliation, closure, or other business transition, your medical records and PHI may be transferred to another healthcare provider, facility, related company, or secure medical records storage provider without your prior authorization, as permitted by law. Reasonable efforts will be made to notify you of such changes and how to access your records.

Section E: Your Rights

You have the right to:

Access and Copy Your Records

You may inspect or receive a copy of your medical records. Reasonable fees may apply for copies and mailing.

Request an Amendment

If you believe your records are inaccurate or incomplete, you may request a correction. Requests must be in writing and include a reason. Please note that the practice reserves the right to deny amendment requests in accordance with HIPAA guidelines, including when the record is deemed accurate and complete or was not created by our practice.

Accounting of Disclosures

You may request a list of certain disclosures made of your PHI. One free request is allowed per 12-month period.

Request Restrictions

You may ask us to limit how we use or share your PHI. We are not required to agree unless you paid in full out-of-pocket and request that information not be shared with your health plan.

Confidential Communications

You may request to be contacted by alternative means or at a different location (e.g., by email only or at a specific phone number). We will accommodate reasonable requests.

Notice of a Breach

You have the right to be notified if your unsecured PHI is ever breached. We will notify you as soon as reasonably possible, but no later than 60 days after discovering the breach.

Paper Copy of This Notice

You may request a paper copy of this notice at any time, even if you received it electronically.

To exercise any of these rights, contact our Privacy Officer listed on page one.

Additional Rights Under Florida Law

Certain types of medical information, such as HIV status, mental health records, and substance use treatment, may be subject to additional protections under Florida law. We will obtain any required consents before disclosing this information.

Section F: Changes to This Notice

We reserve the right to change this notice at any time. The updated notice will apply to all PHI we maintain and will be posted at our office and on our website.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint:

- With the practice: Contact Kyle Watson at 850-477-4447
- With the U.S. Department of Health & Human Services: www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized for filing a complaint.

Section H: Uses and Disclosures Requiring Your Authorization

Any use or disclosure not covered in this notice will require your written authorization. You may revoke your authorization at any time in writing, and we will no longer use your information for that purpose.

This notice is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state privacy laws.