

BRIDGE DERMATOLOGY, PLLC

Privacy Policy

Last Updated: November 11, 2023

Bridge Dermatology, PLLC is committed to protecting the privacy and security of your health information. This Privacy Policy describes how we maintain, use, and disclose your protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. It also describes how you can get access to this information.

1. Information We Collect:

We collect and maintain various types of health information, including but not limited to:

- Personal and Health Information: We may collect personal information and information related to your health and medical conditions, including but not limited to, names, contact information, medical history, and photographs for dermatological evaluations.
- Device and Usage Information: We may collect information about the devices used to access our services and how they are used.
- Health insurance information.
- Treatment and billing records.

2. Use and Disclosure of Health Information:

We use and disclose your health information for purposes that include, but are not limited to:

- Treatment: Providing, coordinating, or managing your healthcare and related services, including Dermatologists and healthcare professionals involved in providing your consultations.
- Payment: Billing for healthcare services and collecting payment from health plans.
- Healthcare Operations: Conducting necessary administrative and business functions, including Service providers who assist us in delivering our services.
- Legal authorities if required by law.

3. Your Rights Regarding Health Information:

- Right to Inspect and Copy: You have the right to inspect and copy your health information.

- Right to Amend: You may request an amendment to your health information if you believe it is incorrect.
- Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures made of your health information.
- Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information.

4. Confidentiality and Security:

We have implemented measures to protect the confidentiality and security of your health information.

These measures include:

- Employee Training: Our staff is trained to understand and comply with HIPAA requirements.
- Physical Safeguards: We maintain physical safeguards to protect your health information.
- Technical Safeguards: We use secure electronic systems to protect your health information.
- Administrative Safeguards: Policies and procedures are in place to ensure compliance with HIPAA.

5. Changes to this Privacy Policy:

We reserve the right to amend this Privacy Policy at any time. Any changes will be promptly posted on our website.

6. Contact Information:

For questions or concerns about this Privacy Policy or the use of your health information, please contact:

admin@bridgedermct.com

Patient Acknowledgment:

I have read and understand the information provided in this privacy form.

Patient's Signature: _____

Date: ____/____/____

BRIDGE DERMATOLOGY, PLLC

Privacy Policy

Name of minor patient's parent or legal guardian:

Signature of minor patient's parent or legal guardian:
