

PRESIDIO DERMATOLOGY, INC.
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NOTICE OF PRIVACY PRACTICES

Effective February 1, 2015

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your information is important and confidential. We are bound to keep your information in strict confidence. Our office is locked and the building has security for protection. All computers are locked at the end of the day. All staff have their own user names and passwords. Our databases have software for protection. Your information is available and limited to the staff as needed to perform their jobs.

Our Responsibilities:

We will collect and use individual medical information only for the purposes of providing medical services and for supporting delivery, payment, integrity, and quality of those services provided. Your information will not be used for non-health care such as marketing, employment or credit evaluation purposes. We will not use or disclose your health information (other than for treatment, payment, and health operations) without your written authorization.

Your Rights:

You may obtain a paper copy of this notice upon request. You may inspect and receive a copy of your medical record, amend your medical record, obtain an accounting of when and where your medical records were sent and request a restriction on where your medical records are sent.

There are certain situations in which we may disclose your medical records to other parties who are involved in the provision, management, or coordination of your care.

Examples are:

1. If you are referred to another health care provider that is involved in your care
2. For payment of your medical claims. At times an insurance company requires your medical information to process your claim.
3. Appointment reminders
4. As required by law or to avert a serious threat to health and safety.

For any questions or concerns please contact Therese our office manager at 415-441-1670.