



DERMATOLOGY ASSOCIATES

OF ROCHESTER

100 White Spruce Boulevard

Rochester, NY 14623

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Patient Privacy Notice

PLEASE REVIEW THIS NOTICE CAREFULLY

Dermatology Associates of Rochester ("Dermatology Associates" or the "Practice") is committed to maintaining the privacy of your protected health information ("PHI"), including electronic PHI, in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, and the Health Information Technology for Economic and Clinical Health Act, and their regulations, as amended (collectively the "HIPAA Rules"), which includes information about your medical condition and the care and treatment you receive from us. This Notice details how your PHI may be used and disclosed to third parties to carry out your treatment, payment for your treatment, health care operations of the Practice, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI. This notice describes how your medical information may be used and disclosed and how you can get access to that information. Please review it carefully.

USE OR DISCLOSURE OF PHI

The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- (a) **Treatment** - In order to provide, coordinate and manage your health care, Dermatology Associates will provide your PHI to those health care professionals, whether on our staff or not, directly involved in your care so that they may understand your medical condition and needs and possibly provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the providers in this Practice.
- (b) **Payment** – In order to get paid for services provided to you, Dermatology Associates will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier with information about health care services that you received from us so that we may receive payment.
- (c) **Health Care Operations** – In order for Dermatology Associates to operate in accordance with applicable law and insurance requirements, and in order for the Practice to continue to provide quality and efficient care, it may be necessary for us to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of our personnel in providing care to you, or to support the business activities of the Practice. These operational activities may include: quality assessment and improvement activities, training programs involving students, trainees, or practitioners under supervision, and general administrative activities.

AUTHORIZATION NOT REQUIRED

Dermatology Associates may use and/or disclose your PHI, without a written authorization from you, in the following instances:

- (a) **De-Identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- (b) **Business Associate** – To a business associate, which is someone who the Practice contracts with to provide a service necessary for your treatment, payment for your treatment, and health care operations (e.g., billing service or transcription service). Dermatology Associates will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and its subcontractors will appropriately safeguard your PHI.
- (c) **Personal Representative** – To you or a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- (d) **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
- (e) **Federal Drug Administration** – If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
- (f) **Abuse, Neglect or Domestic Violence** – To a government authority if Dermatology Associates believes that the disclosure is necessary to prevent serious harm or if the healthcare provider believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- (g) **Health Oversight Activities** – Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
- (h) **Judicial and Administrative Proceeding** – For example, Dermatology Associates may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- (i) **Law Enforcement Purposes** – In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes may include: (1) complying with a legal process (i.e., subpoena); (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; or (6) a medical emergency (not on the Practice's premises) has occurred, and it appears that a crime has occurred.
- (j) **Coroner or Medical Examiner** – Dermatology Associates may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
- (k) **Organ, Eye or Tissue Donation** – If you are an organ donor, Dermatology Associates may disclose your PHI to the entity to whom you have agreed to donate your organs.

- (l) **Research** – When Dermatology Associates is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.
- (m) **Avert a Threat to Health or Safety** – Dermatology Associates may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- (n) **Specialized Government Functions** – When the appropriate conditions apply, Dermatology Associates may use PHI of individuals who are Armed Forces personnel: 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or 3) to a foreign military authority if you are a member of that foreign military service. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
- (o) **Inmates** – Dermatology Associates may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.
- (p) **Workers' Compensation** – If you are involved in a Workers' Compensation claim, Dermatology Associates may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- (q) **Required by Law** – If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

As detailed in the HIPAA Rules, certain uses of psychotherapy notes, uses and disclosures of PHI for marketing purposes (as described in the "Marketing" section of this Privacy Notice), and disclosures that constitute a sale of PHI require a written authorization from you, and other uses and disclosures not otherwise permitted as described in this Privacy Notice will only be made with your written authorization, which you may revoke at any time as detailed in the "Your Rights" section of this Privacy Notice.

SIGN-IN SHEET

Dermatology Associates may use a sign-in sheet at the registration desk. Personnel may also use your name upon check-in or call your name in the waiting room when your provider is ready to see you.

APPOINTMENT REMINDER

Dermatology Associates may, from time to time, contact you to provide appointment reminders.

TREATMENT ALTERNATIVES / BENEFITS

Dermatology Associates may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

MARKETING

Dermatology Associates may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization or as authorized by applicable law.

ON-CALL COVERAGE

In order to provide on-call coverage for you, Dermatology Associates has established relationships with other providers who will take your call if a provider from the Practice is not available. Those on-call providers will provide the Practice with whatever PHI that they create and will, in agreement, keep your PHI confidential.

FAMILY/FRIENDS

Dermatology Associates may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care.

YOUR RIGHTS

You have the right to:

- (a) Revoke any authorization, in writing, at any time, provided such revocation will not apply to disclosures already made under your authorization. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- (b) Request restrictions on certain uses and/or disclosures of your PHI as provided by law. However, Dermatology Associates is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment or as otherwise required by law.
- (c) Receive confidential communications or PHI by alternative means or at alternative locations (for example at your business instead of home address). You must make your request in writing to the Practice's Privacy Officer. Dermatology Associates will accommodate all reasonable requests.
- (d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. Dermatology Associates can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request. Your rights regarding any such denial will be set forth in the written denial notice you receive from the Practice.
- (e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. Dermatology Associates may deny your request if (i) it is not in writing, (ii) if you do not provide a reason for in support of your request, (iii) if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), (iv) if the information is not part of your PHI maintained by the Practice, (v) if the information is not part of the information you would be permitted to inspect and copy, and/or (vi) if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.
- (f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a twelve (12) month period will be free but the Practice may charge you for the cost of providing additional lists. Dermatology Associates will notify you

of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

- (g) Receive a paper copy of this Privacy Notice from Dermatology Associates upon request to the Practice's Privacy Officer.
 - (h) Submit a complaint to Dermatology Associates or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.
 - (i) Restrict certain disclosures of PHI to a health plan where you, or another individual other than the health plan on your behalf, pay out of pocket in full for the health care item or service.
 - (j) Be notified following a breach of your unsecured PHI.
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 2. To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer at (585)-272-0700 or via email at info@dermrochester.com.

PRACTICE'S REQUIREMENTS

Dermatology Associates of Rochester:

- (a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI.
- (b) Is required to abide by the terms of this Privacy Notice.
- (c) Reserves the right to change the terms of this Privacy Notice, and any changes will be effective for all of your PHI that we maintain. Any new Privacy Notice will be available upon request, in our office, and on our web site.
- (d) Will not retaliate against you for making a complaint.
- (e) Must make a good faith effort to obtain from you an acknowledgment of receipt of this Notice.
- (f) Must notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.