

# **Notice of Privacy Practices for**

## **Dermatology and Mohs Surgery Center, PC**

**610 Farm Lane  
Doylestown, PA 18901**

**215.345.6647**

Effective date: August 1, 2007

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

If you have any questions regarding this notice, you may contact our privacy officer at:

Address: 610 Farm Lane, Doylestown, PA 18901  
Telephone: 215.345.6647

### **I. YOUR PROTECTED HEALTH INFORMATION**

Dermatology and Mohs Surgery Center, PC is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

### **II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

#### **A. Treatment, payment, and health care operations**

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

##### **1. Treatment**

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other

health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some other examples of treatment uses and disclosures include:

- We may have you sign a sign-in sheet and will page you in the waiting room when it is time for you to go to an examination room.
- We may leave messages on your answering machine regarding your appointment or to request that you contact us to discuss your test results.
- We may transport your medical records to another of our office locations if needed.

## **2. Payment**

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, submission of a claim form to your health insurer.

## **3. Health care operations**

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities
- Health care fraud and abuse detection and compliance programs

## **B. Uses and disclosures for other purposes**

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category.

**1. Individuals involved in care or payment for care** - such as a spouse, a family member, or close friend. For example, if you have a procedure, we may discuss your physical limitations with a family member or other

individual assisting in your care. We will only discuss your care with individuals who you have identified on our consent to treat form. This form identifies individuals who can be provided with information about your care.

**2. Notification purposes** - to notify a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death.

**3. Required by law or law enforcement purposes** - when required by federal, state, or local law. For example, we may disclose protected health information in response to a court order or subpoena.

**4. Public health activities** - for example, filing communicable disease reports with public health agencies.

**5. Business associates** - certain functions of the practice performed by a business associate such as a consulting firm, an accounting firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example, we may share with our attorney information regarding your care and payment for your care in the event a legal situation occurs.

### **C. Uses and disclosures with authorization**

For all other purposes which do not fall under a category listed under Section II (subsections A and B), we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

## **III. PATIENT PRIVACY RIGHTS**

### **A. Further restriction on use or disclosure**

You have a right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in your care or the payment for your care, or for notification purposes. We are not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

## **B. Confidential communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

## **C. Accounting of disclosures**

You have a right to obtain, upon request, an "accounting" of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

## **D. Inspection and copying**

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated records set. This right is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of

copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

#### **E. Right to amendment**

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

#### **F. Paper copy of privacy notice**

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our privacy officer.

### **IV. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change - including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room for the practice. At any time, patients may review the current notice by contacting our privacy officer.

### **V. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

### **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.