

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: March 1, 2014

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This notice describes the privacy practices followed by our employees, staff and other office personnel in protecting your health information. The practices described in this notice will also be followed by health care providers you consult with by telephone who provide "call coverage" for your health care provider when he or she is not available.

### **Duties of the Practice**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We also are required to abide by the privacy policies and practices that are outlined in this notice.

### **Your Health Information**

This notice applies to all of the information and records we have about your health, health status, and the health care and services you receive at this office. Our records of your care will include health information generated by this practice, and may possibly include information from another associated facility.

### **How We May Use and Disclose Health Information about You**

***Treatment.*** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

***Payment.*** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

***Health care operations.*** Your health information may be used as necessary to support the day-to-day activities and management of our medical practice. For example, we may use your health

*Advanced Dermatology & Cosmetic Care*  
*HIPAA COMPLIANCE PLAN – PRIVACY RULE*

information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

***Law enforcement.*** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

***Public health reporting.*** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

***Research.*** Your health information may be used for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

***Workers' Compensation.*** Your health information may be disclosed to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

***Lawsuits and disputes.*** Your health information may be disclosed in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

***To avert a serious threat to health or safety.*** Your health information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

***Organ and tissue donation.*** If you are an organ donor, your health information may be disclosed to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional Uses of Information**

***Appointment reminders.*** Your health information will be used by our staff to contact you for the purpose of appointment reminders.

***Information about treatments.*** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Please let us know if you do not wish to have us contact you (by telephone and/or mail) concerning your appointment, or if you do not wish to receive communications about treatment

alternatives or health-related products and services. If you notify us in writing (at the address listed below) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

### **Your Individual Rights**

You have certain rights under the federal privacy standards. These include the following and are explained in greater detail in the **PATIENT RIGHTS** section of this notice:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

### **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our receptionist or our privacy officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

David Raskin, Privacy Officer  
Advanced Dermatology and Cosmetic Care  
28212 Kelly Johnson Parkway, Suite 245  
Valencia, Ca 91355  
Phone 661-254-3686, extension 234

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

### **Contact Person**

The name and address of the person you can contact for further information concerning our privacy practices is:

David Raskin  
Advanced Dermatology and Cosmetic Care  
28212 Kelly Johnson Parkway, Suite 245  
Valencia, Ca 91355  
Phone 661-254-3686, extension 234

Effective Date

This Notice of Privacy Practices is effective on or after April 14, 2003.

## **PATIENT RIGHTS**

### **THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.**

You have the following rights regarding medical information we maintain about you:

#### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. With some limited exceptions, this includes your own medical and billing records. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and/or copy your medical record, you must submit your request in writing to our Privacy Officer at the above address. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you will be given a written explanation of the denial of your request. You will be also given an opportunity to request a review of that decision by a licensed professional chosen by the practice who was not involved in the original decision to deny the request. The practice will complete this review with 30 days and the results will be communicated to you.

### **Right to Amend**

If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you. Our Practice has a specific form available for this purpose.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, to others.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

*We are not required to agree to your request and we may not be able to comply with your request.* If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request, you indicate:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.