

## NOTICE OF PRIVACY PRACTICES

# Main Line Dermatology

Effective: April 14, 2003 Last Modified: September 23, 2013

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities and Business Associates that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

**What is Protected Health Information?** 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 the past, present, or future payment for the provision of health care to you. This protected health information individually identifies you or can be used to identify you. Medical records, insurance information, and billing records are examples of protected health information.

#### **How we may use and/or disclose your health information:**

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include sending pathology to a lab or referring you to a Mohs surgeon
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgical procedure
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improvement activities, auditing functions, cost management analysis, and customer service. An example of this would be patient surveys or sign-in sheets at the check-in desk where you will be asked to sign your name. We may also call you by name in any area of our office
- Business Associates are separate entities contracted by us to provide a service. They may have access to your information, but are required to treat your PHI in the same manner we do. Examples may include answering services, dictation services, accounting firms, or computer software providers
- We may disclose information to individuals involved in your care or responsible for the payment of your care, such as a spouse, a family member, or close friend that you have authorized to receive this information. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care
- The practice may also disclose your PHI for law enforcement and other legitimate reasons, although we shall do our best to assure its continued confidentiality to the extent possible. Other examples may include disclosures to healthcare oversight and public health reporting agencies, and other mandatory reporting requirements
- The practice may use your PHI to send you appointment reminders and recall notices via telephone call, text message, mail or email. We may telephone you at any telephone number provided to us. We may leave a message with someone at your telephone number or on your answering machine stating with appointment information, health or biopsy results. In regards to treatment or payment, we may leave a message for you to call us
- We may use your health information for the purposes of research, teaching, and training
- We may contact you, by phone or in writing with information about cosmetic procedures, treatment alternatives or other health-related benefits and services
- We may contact you regarding fundraising or skin cancer awareness programs that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications
- We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

**The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:**

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice

You may revoke authorizations in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions due to a prior authorization.

**You have the following rights with respect to your Protected Health Information:**

**Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. If you would like an electronic copy of your health information, we will provide you a copy in electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed. In some limited circumstances, we may deny the request.

**Right to Amend Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records by writing to us. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

**Right to an Accounting of Disclosures**

You have a right to request an “accounting of disclosures,” which is a list with information about how we have shared your health information with others. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer. You have a right to receive one list every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period.

**Right to Receive Notification of a Breach**

You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is a reasonable probability the information has been compromised. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.

**Right to Request Restrictions**

You have the right to request that we further restrict the way we use and disclose your health information to treat you, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. You also have the right to request that your health information not be disclosed to a health plan if you have paid for the services out of pocket and in full, and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. To request restrictions, please write to the Privacy Officer. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.

**Right to Request Confidential Communications**

You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. You will be asked to update your Patient Registration Form. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

**Right to Have Someone Act on Your Behalf**

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

**Right to Obtain a Copy of Notices**

If you are receiving this Notice electronically, you have the right to a paper copy of this Notice. We may change our privacy practices from time to time. If we do, we will revise this Notice and make the Notice available at our front desk and on our website.

**Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us by calling the Privacy Officer at 610.688.3099, or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.

**Use and Disclosures Where Special Protections May Apply.** Some types of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information.

If you have paid for services "out of pocket", in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

It is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. You may request a written copy of the revised Notice of Privacy Practice from our office or print a copy from our website.

You have recourse if you feel that your information has been violated. You have the right to file a formal, written complaint with our Practice's Privacy Officer and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint. Feel free to contact the Practice Privacy Officer for more information.

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