

Notice of Privacy Practices

Under the HIPAA (Health Insurance Portability and Accountability Act) guidelines, this notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully. Should you have any questions, please ask for the Manager.

Under the guidelines set forth in the Health Insurance Portability and Accountability Act (HIPAA), this notice outlines the policies and procedures of D&A Dermatology, regarding the use and disclosure of your Protected Health Information (PHI) and your Electronic Protected Health Information (EPHI). Your PHI/EPHI includes all demographic, insurance, and medical information. D&A Dermatology is required by law to safeguard your PHI/EPHI and be bound by the terms of this notice unless amended in accordance with the law. Unless specifically allowed by or required under federal law or regulation, the sale of PHI/EPHI is prohibited. In addition, at your sole discretion, you may opt out of any fundraising activities with the practice.

Your PHI/EPHI will be utilized for the purpose of treatment, payment from insurance companies and general health care operations. D&A Dermatology must on occasion release medical information to an insurance company to process the claim. Your signature on the registration form allows D&A Dermatology to disclose this information. If you choose to fully pay for a service out-of-pocket, you can restrict D&A Dermatology from disclosure of the service to your health plan. In order to request the release of your PHI/EPHI for other purposes, record release forms must be signed and dated by you, and then witnessed. In the event that you have a history of substance abuse, mental health problems, sexual abuse, or testing for HIV, whether positive or negative, a separate record release for disclosure of this sensitive PHI/EPHI must be signed, otherwise the information will not be disclosed, as set forth in the 45 P.S. 7601 et seq. Genetic information is protected under HIPAA regulations.

D&A Dermatology makes recall e-mails when appointments are to be made in three, six, and twelve month intervals. If you do not wish to receive these e-mails, you have the right to refuse this service. D&A Dermatology also notifies patients with pathology results via telephone. You have the right to place restrictions, by written or verbal requests, on how D&A Dermatology communicates regarding these procedures.

You have the right to inspect, amend, and have a copy of your PHI/EPHI. If for any reason it becomes necessary for you to come to D&A Dermatology to inspect your records, a private room will be provided to review your chart in paper/electronic format along with an employee of D&A Dermatology. The employee will act as a witness and answer any questions. D&A Dermatology reserves the right to 30 days' advance notice of inspection.

D&A Dermatology may use or disclose your PHI/EPHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your PHI/EPHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI/EPHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Health Oversight: We may disclose PHI/EPHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights.

Food and Drug Administration: We may disclose your PHI/EPHI to a person or company designated by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including: to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI/EPHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI/EPHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law, (2) limited information requests for identification and location purposes, (3) those pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) when it is likely that a crime has occurred.

Research: We may disclose your PHI/EPHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI/EPHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI/EPHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI/EPHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

D&A Dermatology may use and disclose your PHI/EPHI if we have removed any personally identifiable information.

Other uses and disclosures of your PHI/EPHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI/EPHI for the reasons covered by your written authorization.

If you have a complaint regarding the safeguarding of your PHI/EPHI by D&A Dermatology, you may see the receptionist to schedule an appointment with the Manager. You may contact the Department of Health and Human Services (DHHS), if you have further questions or concerns. Should you wish to remain anonymous, you may send a letter addressed to the Manager. There will be no retaliation on any complaints from patients. HIPAA's HITECH Privacy Act requires all practices to implement the "minimum necessary standard". This simply means that all EPHI and PHI is kept private and secure at all times. Employees of the practice are to use the minimal amount necessary to perform their job tasks. This Act strengthens the privacy and security of health information and is an integral part of the efforts of D&A Dermatology to broaden protection of its patients' records. All business associates of D&A Dermatology are bound by the Act as well, and are instructed to keep any PHI/EPHI private and secure when coming into contact with it as they perform services.

Breach Disclosures: HIPAA's Mega-Rule effective March 26, 2013, addresses the PHI/EPHI breach notification policy. If D&A Dermatology has a breach of confidentiality by which PHI/EPHI is compromised, it will follow the steps set forth by DHHS (Department of Health and Human Services) to resolve the matter.

If a patient has demographic and medical information compromised, the patient will be notified by the practice's Manager if the practice deems a potential information release threat to that patient. The practice will, as required by regulations, self-report information breaches to DHHS yearly. D&A Dermatology will follow the four step rule in notifying patients: 1. Determine the nature and extent of the disclosed information. For example if there was no breach of social security numbers, credit card or bank account information, such a breach would be defined as a low risk. 2. Investigate who the information was given to and if that person has the ability to access other pertinent information of the compromised patient records. 3. Investigate if the information was acquired or viewed. This could be the case, for example, if a laptop containing PHI/EPHI was stolen. 4. Do a risk analysis on the extent to which risk to the information has already been mitigated and how to mitigate further, if applicable. This four step process will document that the practice contacted the recipient of the PHI/EPHI and received assurance that the information will not be disclosed. As required by regulations, if there is a breach of PHI/EPHI of 500 patients' records or greater, the practice must publish an announcement in a local newspaper.

You have the right to request a copy of this Privacy Notice, and the receptionist will provide a copy upon your request. D&A Dermatology reserves the right to revise the Privacy Notice at any time. If revisions are made to the Privacy Notice, a copy or amendment of the Privacy Notice will be presented to you, upon your request, at your next visit.