

DERMATOLOGY AND SKIN CARE ASSOCIATES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION, AND YOUR RIGHTS AND OUR DUTIES REGARDING THE USE AND DISCLOSURE OF HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information including electronic protected health information (collectively, "PHI"). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS WITHOUT YOUR WRITTEN AUTHORIZATION

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your PHI to conduct our health care operations. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and health care operations planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations if the information is related to a relationship the provider has or previously had with you, and if the provider is required by federal law to protect the privacy of your PHI.
- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Business Associates.** We may disclose your PHI to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our health care operations. For example, we may share your PHI with a billing company that helps us to obtain payment from your insurance company. If we do disclose your PHI to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your PHI.

8. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. You have the right to name a personal representative who may act on your behalf to control the privacy of your PHI. Parents and guardians will generally have the right to control the privacy of PHI about minors unless the minors are permitted by law to act on their own behalf.

9. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

10. Completely De-identified Or Partially De-identified Information. We may use and disclose your PHI if we have removed any information that has the potential to identify you so that the PHI is "completely de-identified." We may also use and disclose "partially de-identified" PHI about you for public health and research purposes, or for health care operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified PHI will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

11. Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI. For example, upon check-in, other patients in the treatment area may hear your name.

C. THE FOLLOWING CATEGORIES DESCRIBE PUBLIC NEED SCENARIOS IN WHICH WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: maintaining vital records, such as births and deaths; reporting child abuse or neglect; preventing or controlling disease, injury or disability; notifying a person regarding potential exposure to a communicable disease; notifying a person regarding a potential risk for spreading or contracting a disease or condition; reporting reactions to drugs or problems with products or devices; notifying individuals if a product or device they may be using has been recalled; notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence)- however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except in certain circumstances where it has determined through a special process that the waiver of your authorization poses minimal risk to your privacy.

6. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

9. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care

services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

D. WE MAY USE AND DISCLOSE YOUR PHI ONLY WITH YOUR WRITTEN AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES

1. Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To obtain or revoke a written authorization, please contact our Practice Manager, Danielle Sellew at 781-235-8155. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

2. Certain health information. In most cases, we will not be able to disclose the following types of PHI without your written authorization or a court order:

- HIV testing and test results
- Genetic testing and test results
- Sensitive information such as sexual assault counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinician
- Records pertaining to venereal diseases, including sexually transmitted diseases (except certain disclosures may be made to public health officials without a court order or your authorization)
- Psychotherapy notes (notes maintained separate from the medical record for the therapist's own use) (However, specific permission is not required for use or sharing of these notes if used by your therapist to treat you, for training programs, for legal defense in an action you bring, or for professional oversight of the therapist.)
- Drug and alcohol abuse treatment

We will also not use or disclose your PHI without your written authorization in the event of the following circumstances:

- Uses and disclosures for marketing purposes (except face-to-face communication or promotional gifts of nominal value)
- Uses and disclosures that constitute the sale of health information
- Uses and disclosures not described in this Notice

E. YOU HAVE THE FOLLOWING RIGHTS REGARDING THE PHI THAT WE MAINTAIN ABOUT YOU

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Practice Manager, Danielle Sellew at 781-235-8155, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. Except for the situations noted below, **we are not required to agree to your request**, and in some cases the restriction you request may not be permitted under law; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing Practice Manager, Danielle Sellew at 781-235-8155. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

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; in other cases, we will need your permission before we can revoke the restriction.

You have the right to request a restriction on the use and disclosure of your PHI, and we will agree to the request, where: except otherwise required by law, the disclosure by our practice is to a health plan for the purpose of carrying out payment or health care operations, and the PHI to be restricted pertains solely to a health care item or service for which our practice has been paid out of pocket in full.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. This includes the right to obtain an electronic copy of your health information

maintained in our electronic health record. You must submit your request in writing to Dermatology and Skin Care Associates, 10 Laurel Ave, Suite 300, Wellesley, MA 02481, in order to inspect and/or obtain a copy of your PHI. If you request a paper copy of the PHI, our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. If you request an electronic copy, we may charge a fee for our labor costs in fulfilling your request, as well as the cost of supplies for electronic media if you request the electronic copy on portable media.

We will ordinarily respond to your request within 30 days. If we need additional time to respond, we will notify you within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your PHI. If we deny part or all of your request, we will provide a written denial notice that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the United States Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

4. Amendment. You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Dermatology and Skin Care Associates, 10 Laurel Ave, Suite 300, Wellesley, MA 02481. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

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. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the United States Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented, for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Dermatology and Skin Care Associates, 10 Laurel Ave, Suite 300, Wellesley, MA 02481. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact any staff member in the administrative or clinical department.

7. Right to Receive Notification of a Security Breach. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. You have the right to be notified of a breach that compromises the security or privacy of your PHI maintained by us to the extent you are affected by such breach.

8. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Practice Manager, Danielle Sellow at 781-235-8155. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

If you have any questions regarding this notice or our health information privacy policies, please contact the Practice Manager, Danielle Sellow at 781-235-8155.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing the Dermatology and Skin Care Associates Acknowledgment of Receipt of Privacy Policies and Consent to Disclose Health Information provided to me along with this Notice of Privacy Practices, I acknowledge that I have received a copy of these Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by Dermatology and Skin Care Associates, and how I may obtain access to and control this information.