

AESTHETIC DERMATOLOGY ASSOCIATES, PC

Updated effective 01/01/2014

*Notice of
Privacy
Practices*

Aesthetic Dermatology Associates, PC

NOTICE OF PRIVACY PRACTICES

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"), as amended, is a Federal law that requires that all personal health information ("PHI"), such as medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, must be kept confidential. HIPAA gives you, the patient, the right to understand and control how your PHI is used and disclosed. There are other applicable privacy laws, including in Pennsylvania. This Notice of Privacy Practices addresses the ways in which we use, disclose and protect your PHI under the law.

Except in an emergency or other special situation, we will ask you to sign a general consent so that we may use and disclose your PHI for the following purposes:

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include referring you to a retina specialist.
- 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 surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- As Required By Law, includes notifying law enforcement, government agencies, and other legitimate reasons. In these situations, we shall do our best to assure the continued confidentiality of your PHI to the extent possible.
- Incapacity or Emergency Circumstances when your agreement to use or disclose PHI cannot practicably be obtained because of your incapacity or an emergency circumstances. In these situations, we may exercise our professional judgment to determine whether a disclosure to relatives and/or close friends is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.
- To Other Health Care Providers as necessary for Treatment, Payment and Operations purposes. For example, we will share your PHI with a laboratory so that they may be reimbursed for running a test.

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We may also create and distribute de-identified health information by removing all information that could identify you in accordance with the law.

We may contact you, by phone or in writing, including via mail, text, or email, to provide information about your care, such as appointment reminders and test results, unless you tell us otherwise. We may also contact you to provide information about treatment alternatives or other health-related benefits and services, including cosmetic services, that may be of interest to you, as permitted by law.

The following use and disclosures of PHI will only be made if we receive a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosures to market services or items to you in ways that are prohibited by law, such as when a third-party pays us to market their products;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, not required, however, to honor a requested restriction except when you have paid us for services or items "out of pocket", in full, and you request that we not disclose PHI related solely to those services or items to a health plan for treatment or payment purposes (except where we are required by law to make the disclosure). Otherwise, if we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed, known as a breach.

We are required by law to maintain the privacy of your PHI and to provide you this Notice of Privacy Practices.

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 this Notice of Privacy Practices and to make a Revised Notice effective for all PHI that we maintain. We will post the Revised Notice revisions in our office and on our website and you may request a written copy of it at any time.

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You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with us care of:

Privacy Officer
Aesthetic Dermatology Associates, PC
1088 West Baltimore Pike
Suite 2506
Media, PA 19063
(610) 566-7300

You also have the right to file a complaint with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Should you have any questions about this Notice or the privacy of your personal health information feel free to contact the Practice's Privacy Officer through the contact information above.