

Owensboro Dermatology Associates, PSC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

Owensboro Dermatology Associates, PSC is required by law to maintain the privacy of Protected Health Information. The practice provides this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003. It will remain in effect unless and until we publish and issue a new notice.

This notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. Your Protected Health Information contains your demographic information, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We understand that your medical information is personal to you, and we are committed to protecting the information about you. As your patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation.

Medical Treatment– We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about you to other physicians, health care providers or another health care entity who at the request of your physician becomes involved in your care by providing assistance to your physician with your health care, diagnosis or treatment. For example, if we refer you to another physician for ongoing or further care, they may need your medical record. Different areas of the practice also may share medical information about you including our record(s), prescriptions, and requests of lab work. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the practice who may be involved in your medical care after you leave the practice; this may include your family members, or others we use or to whom we refer you to provide services that are part of your care. Unless clearly instructed to the contrary, we may release medical information about you to a family member who is involved in your medical care. We may also give information to someone who helps to pay or pays for your care.

Payment– We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Operational Uses– We may use and disclose, as needed, your medical information in order to support the business activities of this practice. These uses may include, but are not limited to, reviewing our treatment and services to evaluate the performance of our staff, quality assessment activities, training of medical students, licensing, marketing, and conducting or arranging for other business activities.

We may also disclose information to physicians, other providers, nurses, technicians, medical students, and other personnel for review and learning purposes. In addition, we may also use a sign-in sheet at the registration desk that

you will be asked to complete with your full legal name, date of birth, last 4 digits of your social security number, and the provider that you will be seeing today. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you as a reminder that you have an appointment with the practice. This contact may be by phone, in writing, and may involve leaving a message on an answering machine which could potentially be picked up by others. In addition, we may use or disclose your protected health information to another entity in order for that entity to conduct specific health care operations, which include quality assessment activities and reviewing the competence of health care professionals.

We will share your protected health information with third party "business associates" that perform various activities for the practice. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your protected health information. Therefore any time an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures That May Be Made With Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization, at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Others Involved in Your Care– We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that persons involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Disclosures That May Be Made Without Your Authorization or Opportunity to Object

Required By Law- We may use or disclose your protected health information 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.

Lawsuits and Disputes- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in a response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

Public Health– We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The activities generally include, but are not limited to the following:

- To prevent or control disease, injury or disability;
- To report child abuse, neglect, or domestic violence;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To report that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Investigation and Government Activities– We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings– We may disclose protected health information 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).

Law Enforcement– We may disclose protected health information for law enforcement purposes. These law enforcement purposes include but are not limited to (1) legal processes and otherwise required by law, (2) requests for limited information for identification and location purposes, (3) requests pertaining to victims of a crime, and (4) alerting law enforcement officials when (a) there is suspicion that death has occurred as a result of criminal conduct, (b) in the event that a crime occurs on the practice’s premises, or (c) a medical emergency exists (not on the Practice’s premises) and it is likely that a crime has occurred.

Coroners, Medical Examiners, and Funeral Directors– We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person, determine the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

Research– We may disclose your protected health information 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 protected health information.

Inmates– If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official.

Threatening Activity– Consistent with applicable federal and state laws, we may disclose your protected health information, 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 protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security– When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers Compensation– We may disclose your protected health information about you for workers’ compensation or similar programs as authorized to comply with the law.

Organ and Tissue Donation–If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Your Rights Regarding Your Protected Health Information

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (3) protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction in writing and submit to our Privacy Contact.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Changes to This Notice—We reserve the right to change this notice at any time. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the practice for treatment or health care services you may request a copy of the current notice in effect.

Complaints—If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, you may contact our Privacy Contact, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. We will not retaliate against you for filing a complaint.

Contact—Our Privacy Contact can be reached at (270) 685-5777, if you require further information regarding this Notice or your rights described herein.

This notice was published and becomes effective on April 14, 2003.