

Notice of Privacy Practices

Dermatology Associates, P.C.
Norwood • Foxboro • Franklin

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. At Dermatology Associates, P.C., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect and how and when we use or disclose that information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding your "Protected Health Information" (PHI)

Each time you visit Dermatology Associates, P.C., a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment.

This information serves as a(n):

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding of what is in your record and how your health information is used to help you to:
 - Ensure its accuracy
 - Better understand who, what, when, where, and why others may access your information
 - Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your PHI is the physical property of Dermatology Associates, P.C., who compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

When requesting records you may be asked to provide “proof of identification” such as a:

- Driver’s license
- Passport
- Social Security Card
- Birth Certificate

Our Responsibilities

Dermatology Associates, P.C. is required to:

- Maintain the privacy of your PHI
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will mail a revised notice to the address you’ve supplied us.

We will not use or disclose your PHI without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your PHI for treatment.

For example: Information obtained by a physician, physician assistant, medical assistant, nurse, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

For example: A bill may be sent to your or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: These may include quality assessment, training of medical students, government compliance, internal clinical studies, and disease management.

Business associates: There are some services provided in our organization through contact with Business Associates. Examples include diagnostic services and certain laboratory tests. When these services are contracted, we may disclose your health information to our Business Associate so that it can perform the job we've asked it to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist on notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for your care.

Research: We may disclose 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 health information.

Organ procurement organization: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities

engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment confirmation and reserve the right to leave an automated message or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child or adult abuse, neglect, or domestic violence.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Military Activity and National Security

We may disclose your PHI for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to a foreign military authority if you are a member of that foreign military service. We may also disclose PHI to authorized federal officials for conducting national security and intelligence activities.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer, Marie Schnopp, at 781-762-5858, ext. 607.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201