

HIPAA Notice of Privacy Practices
Marietta Dermatology & The Skin Cancer Center
Marietta Facial Plastic Surgery & Aesthetics Center

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the confidentiality of personal health information that could be used to identify you, and to notify you and the Department of Health and Human Services of any unauthorized breach of your privacy with the potential to cause harm. We are also required by law to provide you with this notice of our legal duties and privacy practices. Any use of your personal health information must be consistent with the terms of this notice.

USE OF YOUR PERSONAL HEALTH INFORMATION (PHI)

The following describes the ways we may use your PHI. Except for the purposes described below, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

Treatment: Our practice will use your PHI to diagnose and treat you. We may write prescriptions and communicate with your pharmacy to order prescriptions. We may disclose your information to family members, close friends, or caretakers who accompany you during appointments. We may communicate your PHI to other physicians and healthcare providers with whom you have a relationship, such as your primary care physician, for the purpose of case management and care coordination. We may access your PHI to advise you of potential treatment options or alternatives.

Payment: We may use or disclose your PHI in order to bill and collect payment for services. We may communicate with your insurer to verify eligibility and benefits, file claims, or provide details regarding your treatment to determine if your insurer will cover or pay for your treatment. We may use and disclose your PHI to third parties who may be responsible for costs, such as family members, the guarantor of your account, or your insurance policy holder.

Healthcare Operations: Our practice may use your records in the operation of our business for purposes such as reviewing the competence or qualifications of healthcare professionals, to assess the quality of care you received, or for training, accreditation, certification, licensing, or credentialing activities. We may ask you to sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Appointment Reminders: We may also use and disclose your PHI to contact you as a reminder that you have an appointment at our facility. We may do this through phone calls, voice mails, postcards, letters, emails, computerized appointment reminder systems, and other methods.

Marketing: We must also obtain your written authorization prior to using your PHI to send you marketing materials. We can, however, contact you to give you information about product or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We are also permitted to give you a promotional gift of minimal value, if we so choose, without obtaining your written authorization. We may also encourage you to purchase a product or service when we see you.

USE AND DISCLOSURE OF YOUR PHI UNDER CERTAIN LEGALLY REQUIRED CIRCUMSTANCES

The law allows us to disclose PHI without your written authorization in the following circumstances:

- (1) **When Required by Law.** We disclose PHI when we are required to do so by federal, state, or local law.
- (2) **For Public Health Activities.** For example, we disclose PHI when we report suspected child abuse, the occurrence of certain disease, or adverse reactions to drug or medical device.
- (3) **For Reports about Victims of Abuse, Neglect or Domestic Violence.** We will disclose your PHI in these reports only if we are required or authorized by law to do so, or if you otherwise agree.
- (4) **To Health Oversight Agencies.** We will provide PHI as requested to government agencies that have authorization to audit or investigate our operations.
- (5) **For Lawsuits and Disputes.** 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. We will make an effort to inform you of the request at your last known telephone number. In some instances, we may endeavor to obtain an order protecting the information the party has requested.
- (6) **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official, in the following circumstances; (a) in response to a court order, subpoena, warrant, summons, or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in an emergency circumstance, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.
- (7) **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may also disclose a decedent's protected health information to family members and others who were involved in the care or payment of care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the practice.
- (8) **Organ Procurement Organizations.** We may disclose PHI to facilitate organ donation and transplantation.
- (9) **Medical Research.** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.
- (10) **To Avert a Serious Threat to Health or Safety.** We may disclose your PHI to someone who can help prevent a serious threat to your health or safety or the health and safety of another person or the public.
- (11) **For Specialized Government Functions.** 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. For example, we may disclose your PHI to authorized federal officials for intelligence and national security activities that are authorized by law, or so that they may provide protective services to the President or foreign heads of state or conduct special investigations authorized by law.

(12) For 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.

(13) To Worker's Compensation or Similar Programs. We may provide your PHI to these programs in order for you to obtain benefits for work-related injuries or illness.

(14) Business Associates. We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

(15) Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

Confidential Communications: You have the right to request that we communicate with you about health issues using a particular method or at a certain location; for example, you may ask that we not contact you at work, or contact only your cell phone number. Requests must be submitted in writing. Our practice will accommodate all reasonable requests.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of PHI for treatment, payment, or health care operations. 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 of your care. For your convenience, the Release of Information form you are required to complete during registration includes a place to indicate who is authorized to speak with us regarding your private information. We are not required to agree to your request; if we do agree, we are bound by our agreement except where otherwise required by law, in emergencies, or in order to treat you.

A patient who pays out-of-pocket in full for a health care item or service has the right to restrict disclosure of his or her PHI to a health plan for payment or health care operations purposes.

All such requests for restrictions must be made in writing, and must include a) the information you wish restricted; b) whether you are requesting limits to use, disclosure, or both; and c) to whom you want the limits to apply.

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 medical and billing records. To inspect or obtain a copy of records, you may complete and sign a release of information form that we will provide, or you may simply make a written request that includes your signature, what information should be included, where you would like the records sent, and if desired, an expiration date on your request. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Copies of all records are available on paper. If we deny your request for records, you may request a

review of our denial with another licensed healthcare professional chosen by the practice.

For any information maintained in an electronic format known as electronic medical records (EMR), you have the right to request an electronic copy of your record be transmitted to you or another individual or entity. We will make every effort to provide access to your information in the format you request if it is readily producible in such format. If the format you requests is not readily producible, it will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the supplies and labor associated with transmitting the EMR.

Amendment: If you believe your records held by us are incorrect or incomplete, you may submit a written request for an amendment, which includes reasons to support the request.

Requests may be denied if not submitted in writing, if the information was not created by our practice, or if we believe the request would compromise the accuracy and completeness of the record.

Sale of PHI: We must obtain your written authorization before we sell your PHI. An authorization is not needed if the purpose of the exchange is for: treatment of the individual, public health activities, research purposes where the price charged reflects the cost of preparation and transmittal of the information, performance of services by a business associate on behalf of a covered entity, providing the individual with a copy of the PHI maintained about him/her, or other reasons determined necessary and appropriate by the Secretary.

Breach notification: You have the right to be notified of a breach of your Protected Health Information.

Accounting for disclosures: Patients have the right to request an "accounting of disclosures," or list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of routine care and billing is not required to be documented. To request an accounting of disclosures, you must make your request in writing.

Right to a Paper Copy of Notice: You are entitled to receive a paper copy of this notice of privacy practices. You may ask us to give you a copy of this notice at any time.

Future Changes to Our Practices and This Notice. We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will post a copy of our current notice at our office and on our website: www.mariettaderm.com. The notice will contain the effective date on the first page.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, your complaint must be in writing and address it to our Privacy Officer at Marietta Dermatology, 111 Marble Mill Road NW, Marietta, GA 30060. You will not be penalized for filing a complaint.