

NOTICE OF PRIVACY PRACTICES Eidelman Dermatology, PLLC dba Chelsea Skin & Laser

How This Medical Practice May Use or Disclose Your Health Information. Please read carefully.

This medical practice collects health information about you and stores it in a digital chart on a computer in an electronic health record system. This is your medical record and is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. (i.e. other physicians, health care providers, pharmacist; laboratory). We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this medical practice. For example: to review/improve quality of care we provide or competence and qualifications of staff; facilitate your health plan in authorizing services/referrals; medical reviews, legal services and audits (including fraud, abuse detection, compliance programs, business planning/management.) We may share your medical information with our business associates, such as a billing service, that perform administrative services for us. We have a contract with each associate requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share information with other health care providers, health care clearinghouses/health plans that have a relationship with you to help them with their quality assessment and improvement activities, patient-safety, population-based efforts to improve health or reduce health care costs, protocol development, case management or care-coordination activities, review of competence, qualifications and performance of health care professionals, training programs, accreditation, certification or licensing activities, or health care fraud and abuse detection and compliance efforts.
4. **Appointment Reminders.** We may use and disclose demographic and or medical information to contact/remind you of appointments by text/email/phone, voicemail message or with the person answering phone.
5. We may greet you by name and/or call out your name when we are ready to see you.
6. **Communication with Family.** We may disclose your health information to notify or assist in notifying a family member/personal representative or another person responsible for your care about your location, general condition or, unless you instructed otherwise, death. We may disclose information to a disaster relief organization so that they may coordinate notification efforts. We may disclose information to someone involved with your care or helps pay for your care. If you are able and available to agree/object, we will attempt to contact you prior to making these disclosures, although we may disclose this information in a disaster over your objection if we believe it is necessary to respond to emergency circumstances. We will use our best judgment in communication with your family and others in these situations.
7. **Marketing/Fundraising.** We do not use/disclose your demographics to contact you for fundraising. We do not sell healthcare information. Provided we do not receive payment for making these communications, we may contact you to give you information about products/services related to your care, care coordination, to direct/recommend other treatments, therapies, health care providers, items that may be of interest. We may communicate with you regarding medications, labs, test results, billing, to update your demographics. We will not otherwise use/disclose your medical information for marketing purposes or accept payment for other marketing communications to you without your prior written authorization. Practice newsletters, office updates, items of interest are occasionally shared with patients. You may limit communications in writing.
9. When the law requires us to report abuse, neglect, domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply.
10. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes of: preventing/controlling disease; injury/disability; reporting child/elder/dependent adult abuse/neglect; domestic violence; reporting to the FDA problems with/reactions to medications; reporting disease/infection exposure. When we report suspected elder/dependent adult abuse/domestic violence, we will inform you/your personal representative promptly unless in our best judgment, we believe the notification would place you at risk or require informing a representative we believe responsible for the harm.
11. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.
12. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of administrative/judicial proceeding expressly authorized by a court/administrative order. We may disclose information in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court/administrative order.
13. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying/locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. We may, and are often required by law, to disclose your health information to coroners in death investigations.

15. **Public Safety.** We may, and are sometimes required by law, to disclose your health information to prevent or lessen a serious and imminent threat to the health, safety of a particular person or the general public.
16. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
17. **Workers' Compensation.** We may disclose/report health information necessary to comply with workers' compensation laws.
18. **Change of Ownership.** In the event this medical practice is sold/merged with another entity, your health information will become property of the new owner. You maintain the right to request copies of your health information be transferred to another practice.
19. **Breach Notification.** In the case of a breach of unsecured protected health information, we or our business associates will notify you as required by law via e-mail or other methods to communicate information related to the breach.
20. **Psychotherapy Notes.** This office does not create psychotherapy notes. In the event we have such notes, we will not use/disclose them without your prior written authorization except for: Use by the originator of the notes for your treatment; training staff/students; to defend ourselves if you sue us or bring some other legal proceeding; if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason; in response to health oversight activities concerning your psychotherapist; to avert serious and imminent threat to health or safety; to coroner/medical examiner after you die. To the extent you revoke an authorization to use/disclose your psychotherapy notes, we will stop using/disclosing.
21. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

When This Medical Practice May Not Use or Disclose Your Health Information. Except as described in this Notice, this practice will, consistent with legal obligations, not use/disclose health information which identifies you without your written authorization. If you do authorize this practice to use/disclose your health information for another purpose, you may revoke in writing.

Your Health Information Rights

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you ask us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way. For example, you may ask that we send information to a particular e-mail or address. We will comply with reasonable requests submitted with specifics in writing. Your request serves as your consent for us to release the information to you and this practice accepts no responsibility for the security of information you consent us to release.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing what information you want access to. We will provide in a readable format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you represent because we believe allowing access would be reasonably likely to cause substantial harm to patient, you will have a right to appeal our decision.
4. **Right to Amend/Supplement.** You have a right to request we amend your health information that you believe is incorrect/incomplete. You must request to amend in writing, and include reasons you believe the information is inaccurate/incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial. We may deny your request if we do not have the information, if we did not create the information, if the person/entity that created the information is no longer available, if you would not be permitted to inspect or copy the information at issue, if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement and we may prepare a written rebuttal. All information related to any request to amend will be maintained/disclosed in conjunction with any subsequent disclosure of the disputed information.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1, 2, 3, 6, 16, of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. You have a right to a paper copy of this Notice of Privacy Practices. It may also be accessed at chelseaskincenter.com. If you would like to exercise one or more of these rights, contact our Practice Administrator in writing.

We reserve the right to amend Notice of Privacy Practices at any time. A copy of the current notice is available in office. Complaints about this Notice or how this medical practice handles your health information should be directed to our Practice Administrator. You may submit a formal complaint to: DHHS Office of Civil Rights - OCRMail@hhs.gov. ©2014