

Dermatology Partners of WNY, LLP

Notice of Privacy Practices

Effective Date of This Notice: 4/14/2003, Reviewed 1/1/2010

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.

Dermatology Partners of WNY, LLP is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Dermatology Partners of WNY, LLP please contact:

**Dermatology Partners of WNY, LLP
30 North Union Street
Rochester, NY 14607
585-232-8940**

I. How Dermatology Partners of WNY, LLP may Use or Disclose Your Health Information

Dermatology Partners of WNY, LLP collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Dermatology Partners of WNY, LLP, but the information in the medical record belongs to you. Dermatology Partners of WNY, LLP protects the privacy of your health information. The law permits Dermatology Partners of WNY, LLP to use or disclose your health information for the following purposes:

1. 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 doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record or the health care provider who referred you to us for treatments. Different areas of the Practice also may share medical information about you including your record(s), prescriptions, (requests of) lab work and x-rays. 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 our practice who may be involved in your medical care after you leave the practice. This may include your family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

2. 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 our 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.

3. Regular Health Care Operations. We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all of our patients

receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to (doctors, nurses, technicians, medical students, and other personnel) for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

5. Required by law. If required by law, we will use and disclose your health information.

6. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

9. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

10. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting your organs and tissues.

14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Dermatology Partners of WNY, LLP privacy board.

15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes. <Note that disclosures for government benefits purposes are limited to health plans only.>

17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

19. Appointment and Patient Recall Reminders. We will require that you register at the Receptionists' Desk upon your arrival for your appointment. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care or that you are due to receive periodic routine care from us. This contact may be by phone, in writing (e-mail or otherwise) and may involve the leaving of a message on your answering machine, mailing a reminder card to you or sending an e-mail, which could (potentially) be received or intercepted by others.

20. Change of Ownership. In the event that Dermatology Partners of WNY, LLP is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Dermatology Partners of WNY, LLP May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Dermatology Partners of WNY, LLP will not use or disclose your health information without your written authorization. If you do authorize Dermatology Partners of WNY, LLP to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Dermatology Partners of WNY, LLP is not required to agree to the restriction that you requested.

To request restrictions, you must make your request in writing. In your request, you indicate:

- what information you want to limit
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply, (e.g. disclosures to your children, parents, spouse, etc.)

2. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you

can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

3. You have the right to inspect and copy your health information. To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the front desk personnel for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

4. You have a right to request that Dermatology Partners of WNY, LLP amend your health information that is incorrect or incomplete. Dermatology Partners of WNY, LLP is not required to change your health information and will provide you with information about Dermatology Partners of WNY, LLP denial and how you can disagree with the denial.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

5. You have a right to receive an accounting of disclosures of your health information made by Dermatology Partners of WNY, LLP, except that Dermatology Partners of WNY, LLP does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have a right to a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Dermatology Partners of WNY, LLP
Sharon A. Matthys, Office Manager
585-232-8940

4. *Changes to this Notice of Privacy Practices*

Dermatology Partners of WNY, LLP reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including

information that was created or received prior to the date of such amendment. Until such amendment is made, Dermatology Partners of WNY, LLP is required by law to comply with this Notice.

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in our waiting room. The notice will contain on the first page, in the top left 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.

V. Complaints

Complaints about this Notice of Privacy Practices or how Dermatology Partners of WNY, LLP handles your health information should be directed to:

Dermatology Partners of WNY, LLP
Office Manager
585-232-8940

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

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

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.