

## **South County Dermatology HIPAA Privacy Notice to Our Patients**

Your healthcare information is confidential, and we are committed to protecting it. In compliance with the Health Insurance Portability and Accountability Act (HIPAA), this **Privacy Notice** describes how medical information about you may be used and disclosed, your rights regarding your information, and our obligations. Please review it carefully. If you have any questions, please contact our Privacy Officer, Dr. Robert Dyer (401) 471-3376; 3461 South County Trail, Suite 202, East Greenwich, RI 02818.

### **1. Uses and Disclosures of Your Protected Health Information**

We are allowed or required to use or share your protected health information without first asking for your permission or offering you the opportunity to agree or object under a variety of circumstances. Primarily, we use and disclose your information to provide you with treatment and ensure the quality of your care, to bill and collect payment for our services, and to support the day-to-day operations of our Practice. In the following three paragraphs, we provide you with specific information related to patient treatment, payment for services, and our operations.

**Providing Medical Treatment:** With respect to providing treatment and ensuring the quality of your care, we may photograph specific areas of your skin (moles, spots, lesions, etc.) to aid us during a visit and over the course of your visits to our Practice. It is likely that we will disclose healthcare information about you to doctors, nurses, technicians, medical residents/students, or hospital personnel involved in your care. For example, a doctor to whom we refer you for assessment or specialized care may need to review relevant sections of your medical record. Professionals within our Practice may share information about you, including your records, prescriptions, and lab results, with each other. We will use and disclose your information to tell you about or recommend possible alternative treatments, benefits, or services that may be of interest to you.

**Billing and Collecting Payment for Services:** We may need to disclose your protected health information to obtain payment or reimbursement for your care. We may share information about past or future treatment, including about obtaining prior authorizations, determining whether your plan will cover the treatment, and facilitating payment, with your health insurance plan and/or your referring physician.

**Supporting the Operations of Our Practice:** Operations may include evaluating the performance of our staff, sending you appointment reminders, seeking your feedback, making decisions about offering additional services to our patient population, and determining whether treatments are effective. We may disclose information to doctors, physician assistants, nurse practitioners, technicians, medical residents/students, and other personnel for educational purposes. We may use de-identified information about you for research purposes, such as to help assess the effectiveness of medications or treatment protocols. We may combine de-identified medical information we have with that from other practices to evaluate data to study health care and its delivery. We may use or disclose information about you for quality assurance and compliance with legal requirements, for audits, and to comply with requests from insurance companies. In dealing with business associates, we will take precautions to safeguard the privacy of your protected health information.

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Other circumstances may call for the use or disclosure of your protected health information.

We are allowed or required to use or share your protected health information to assist with public health and/or safety issues, specifically:

- to report a communicable disease, suspected abuse, suspected neglect, suspected domestic violence, or suspected criminal activity.
- to avert or reduce the impact of a serious threat to anyone's health or safety.

We also are allowed or required to share your health information as follows:

- when there is a worker's compensation claim.
- when there is a legal action; to respond to a court or administrative order or a subpoena.
- if a federal, state, or local law requires disclosure.
- with law enforcement officials under certain circumstances.
- with health oversight agencies for activities authorized by law.
- for specific government functions such as military, national security, and presidential protective services.
- if you are an organ donor, to organizations that obtain organ, eye, or tissue for donation or transplantation.
- with a correctional institution or law enforcement official if you are an inmate or in custody to assist in the provision of care to you or to protect the health or safety of others.
- with a coroner, medical examiner, or funeral director when an individual dies.

## 2. Your Rights Regarding Your Health Information

**To receive a paper copy of this Privacy Notice:** We will comply with your request promptly.

**To inspect and receive a copy of (paper or electronic format) of your medical record:** This right applies to your protected health information used to make decisions about your care – our designated record set – for as long as we maintain that record. You may submit a written request (signed and dated) to our Privacy Officer and we will comply within 30 days. There may be a reasonable fee charged.

**To ask us to amend or correct your medical record:** If you believe your information is incomplete or inaccurate, you can submit a written request (signed and dated) to our practice manager; the request must include the exact information you are referencing, your proposed amendment, and the reason(s) supporting your request. Within 60 days of receiving your request, we either will comply with or deny it. We may deny your request for the following reasons: it was not submitted as directed; the information was not created by us, or the person who created it is no longer available to make the amendment; the information is not part of the record that you are permitted to inspect and copy; the information is not part of the designated record set kept by our Practice; or, if we believe that the information is accurate and complete.

**To receive an accounting of certain disclosures:** You can submit a written request (signed and dated) for a list (an accounting) of disclosures, if any, that were not related to your treatment, payment for treatment, or healthcare operations of the Practice, and certain other disclosures (such as those you asked us to make). The request also must specify a time frame not longer than six years prior to the date of your request. There is no charge for the first list you request within a twelve-month period.

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**To request restrictions:** You can submit a written request (signed and dated) that we not use or share certain health information for treatment, payment, or our operations. Also, if you have a clear preference as to whether, or how, we share your information with your family, close friends, or others involved in or who pay for your care, please let us know. If you change your mind later, please let us know in writing. A written request for restrictions or limitations must specify the information you wish to limit, whether you want to limit our use, disclosure, or both; and, to whom you want the limit applied (for example, disclosures to children, parents, spouse). We will honor reasonable requests; however, we are not required to agree to your request(s) if we believe that doing so would impede our operations or compromise your care. If you are unable to consent to a particular disclosure of your protected health information (for example, if you lack capacity to consent because you are unconscious or involved in an emergency/disaster event), we may share your information if we believe it is in your best interest.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about the use and disclosure of your health information on your behalf. Please provide us with the appropriate documentation to support this fact.

If you pay for a service or health care item out-of-pocket in full, you can submit a written request that we refrain from sharing that information for the purpose of payment or our operations with your health insurer. We may deny your request if we are legally or contractually required to share that information.

**To request confidential communications:** You can submit a written request that we communicate with you about medical matters in a certain way (mobile, home, or work telephone; email) or at a certain location. You can ask that we not leave any voicemail message for you at your home. We will attempt to accommodate all reasonable requests.

**To file a complaint:** If you believe your privacy rights have been violated, you may submit a complaint directly to our Privacy Officer. A complaint will be taken seriously and investigated, and you will not be retaliated against for filing a good-faith complaint. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights – 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775.

### **3. Our Responsibilities Regarding Your Health Information**

We are legally required to inform you about our Privacy Notice, including your rights. We pledge to maintain the privacy and security of your protected health information. Your permission is needed before we can share your protected health information for any purpose beyond what is described in this Notice.

#### **Changes to the Terms of this Notice**

From time to time, we may change the terms of this Notice, and any changes will apply to all information (past, current, future) we have about you. Any new Notice will be available for your review upon request. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Last Revision: February, 2023.**

