

Notice of Privacy Practices

Effective April 2003

The physicians and staff of Family Dermatology are highly committed to protecting the privacy of our patients' protected health information (PHI) or more commonly, medical records. We are committed to treating, protecting and using your health information responsibly.

Please review this notice carefully. It describes how your record is used and shared, as well as how you can access and control your protected health information.

At Family Dermatology of MA each medical encounter is documented in your medical record. Your medical record typically contains your medical history as well as history of skin examinations, biopsy/excision results, test/lab results, prescriptions, diagnoses, treatments, and plans for future care. Understanding what is in your medical record and how this information is used and shared will help you to ensure its accuracy and assist you in making decisions about authorizing disclosure of this information to others. If you ever have any questions about your medical record, please feel free to contact our office, or Privacy Officer.

How Your Protected Health Information is Used and Disclosed

We use your medical record on a regular basis in the following ways:

1. For Treatment: In order to coordinate treatment for surgical services, we may disclose medical information to other healthcare personnel outside this office.

For example: When you are referred to a surgeon for removal of a skin cancer, we will relay details of your pathology to that office, as well as office notes from your visit in our office. In order to coordinate care, we will also communicate with your Primary Care Physician and possibly other specialists involved in your care. This communication will be in the form of dictated letters, faxes or verbal communication. The information shared will be the results of surgical procedures and skin exams performed in our office. We also share information about you with your pharmacy in order to refill prescriptions, and in addition, but not limited to, Pathology Services, Inc. and DermPath New England LLC a service we use to process skin specimens to give us specific diagnosis to assist us in your care.

2. For Payment: We provide the minimum health information necessary to bill and collect payment for the health care services we provide. The information is shared with our billing agency Family Dermatology.

3. For Healthcare Operations: In our efforts to run the office smoothly and ensure quality care, we may use your medical information for internal procedures, to train staff. Some disclosures may be made to outside parties, who must agree to protect your privacy in the information they receive from us. An example of an outside party includes, but is not limited to: Compliance programs and Auditing activities from Health Plans.

For example: We will contact you directly (or via voicemail) to remind you of upcoming appointments or to address billing issues. In addition, we mail reminder cards to schedule yearly or bi-annual skin exams as well as follow up appointments.

4. Without Prior Consent: There are some situations under which we may share information without your prior consent. These include cases of public health risk (e.g. contagious disease such as Small Pox), melanoma tracking (as requested by the State of Massachusetts Tumor Registry), personal safety (e.g. suicide risk with certain drugs), or legal action (as requested by law enforcement or court subpoena).

If you would like for us to disclose health information to other parties, for your protection, we will need a separate authorization from you. To inquire about that procedure, contact our Privacy Officer.

Regardless of the situation, please be assured that our staff/physicians will always handle your information respectfully.

Your Rights Regarding Your Medical Information

Although your medical record is the physical property of Family Dermatology of MA, it is your information. You are entitled to access and control your medical record in the following ways:

1. You have the right to obtain a paper copy of this notice of privacy practices.
2. You have the right to request a copy of your medical record.
3. You have the right to request an amendment if you believe that your information is inaccurate or incomplete.
4. You have the right to a list of the disclosures we have made of your medical information.
5. You have the right to restrict which parties have access to your medical information.

To make a specific request or to learn more about these rights, please contact our Privacy Officer.

How to file a complaint if you believe that your privacy rights have been violated.

If you have questions or would like additional information, please contact our Privacy Officer. If you believe your privacy has been violated, in any way, you may file a complaint with our Compliance Officer. You may also contact the Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201. We will not take any retaliatory action against you if you file a complaint about our privacy practices.

Family Dermatology of MA is required by law to maintain the privacy of our patients' protected health information (PHI) and to provide our patients with a notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the notice currently in effect. This notice takes effect on April 14, 2003, and remains in effect until we replace it. We reserve the right to change the policies laid out in this notice. We will post a summary of the current notice in the office with its effective date in the center. You are entitled to a copy of the notice currently in effect.

While you have certain rights in regards to your medical record (the right to request restrictions on access, amend information, and specify certain forms of communication), we are not obligated to fulfill all requests. All such requests will be reviewed by our staff and, if the situation requires, your physician. We welcome all requests, which should be directed to the Privacy Officer.

Notice of Privacy Practices Acknowledgement of Receipt

I acknowledge that I have received Family Dermatology of MA Notice of Privacy Practices.

Patients name: _____ Date of birth: ____/____/____
(Please Print)

Signature: _____ Today's date: ____/____/____

Relationship to patient (CIRCLE ONE) Self Parent Guardian Other