

## Notice of Privacy Practices

**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.**

**If you have any questions about this Notice please contact our Privacy Officer whose information is set forth at the end of this Notice.**

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal law that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally be kept properly confidential. Under the guidelines set forth in HIPAA, this notice outlines the policies and procedures of Medical Dermatology Associates of Chicago, Ltd. (MDAC) regarding the use and disclosure of your Protected Health Information (PHI) and your Electronic Protected Health Information (EPHI). HIPAA affords you, the patient, the right to understand and control how your PHI is used by MDAC. HIPAA imposes penalties for covered entities like MDAC that do not take required precautions to protect the disclosure of your PHI. Your PHI/EPHI includes all demographic, insurance and medical information. MDAC is required by law to safeguard your PHI/EPHI and be bound by the terms of this notice unless amended in accordance with the law. Unless specifically allowed by or required under federal law or regulation, the sale of PHI/EPHI is prohibited.

### **1. USES AND DISCLOSURES OF PHI/EPHI.**

MDAC shall use and disclose your PHI/EPHI only for each of the following purposes: treatment, payment and health care operations.

**For Treatment:** MDAC may use PHI/EPHI about you to provide, coordinate and manage your treatment or services. We may disclose your PHI/EPHI to other physicians, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in your care. We may communicate your information either orally, in writing by mail, or facsimile. For example, we may provide your PHI/EPHI to another physician to whom you have been referred so as to ensure that such physician has appropriate information regarding your previous treatment and diagnosis.

**For Payment:** MDAC may disclose PHI/EPHI about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you.

**For Health Care Operations:** MDAC may use or disclose, as needed, your PHI/EPHI in order to support MDAC's general business activities. These activities may include quality review and assessment, employee review, licensing, legal advice, accounting and information systems activities. In addition, MDAC may also call you by name in the waiting room. We may also use or disclose your PHI/EPHI, as necessary, to contact you to remind you of your appointment by telephone, reminder card, text message, or email.

MDAC may use or disclose your PHI/EPHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your PHI/EPHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI/EPHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Health Oversight:** We may disclose PHI/EPHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

**Food and Drug Administration:** We may disclose your PHI/EPHI to a person or company designated by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including: to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI/EPHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI/EPHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law, (2) limited information requests for identification and location purposes, (3) those pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) when it is likely that a crime has occurred.

**Research:** We may disclose your PHI/EPHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI/EPHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI/EPHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI/EPHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

MDAC may use and disclose your PHI/EPHI if we have removed any personally identifiable information.

Other uses and disclosures of your PHI/EPHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI/EPHI for the reasons covered by your written authorization.

## **2. YOUR RIGHTS.**

Following is a statement of your rights with respect to your PHI/EPHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI/EPHI.** This means you may inspect and obtain a copy of PHI/EPHI about you for so long as we maintain the PHI/EPHI. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI/EPHI. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI/EPHI.** This means you may ask us not to use or disclose any part of your PHI/EPHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI/EPHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your PHI/EPHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

**You may have the right to have your physician amend your PHI/EPHI.** This means you may request an amendment of PHI/EPHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI/EPHI.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure for a facility directory, to family members or friends involved in your care, for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, or as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

### **3. COMPLAINTS.**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Oriane Szekelyhidi, at (312) 995-1955 or info@dermchicago.com for further information about the complaint process.

This notice was published and becomes effective on July 16, 2015. MDAC reserves the right to change its privacy practices that are described in this Notice. If MDAC changes its privacy practices, MDAC shall provide you a copy of the revised Notice of Privacy Practices at your next visit to our offices.

I acknowledge the receipt and review of MDAC's Notice of Privacy Practices.

Printed Name: \_\_\_\_\_ Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient: \_\_\_\_\_

Address/Phone Number of authorized representative: \_\_\_\_\_