

# Dermatology Associates of LaGrange

5201 S. Willow Springs Road, Suite 430, LaGrange, IL 60525 708-482-3213  
500 E 22<sup>nd</sup>, Suite D, Lombard, IL 60148 708-482-3213

## 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.”**

Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information, (PHI). PHI is information, including patient demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. A copy is also posted in our office and made available for patients upon request.

**Effective Date and Changes to Notice:** This notice is effective **September 23, 2013**. The practice reserves the right to revise this notice whenever there is a material change to the uses or disclosures, the individual’s right, the covered entity’s legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice will be implemented prior to the effective date of the notice in which such material change is reflected.

If the notice is revised, the practice makes the revised notice available upon request beginning on the revision’s effective date. The revised notice is posted in the practice’s reception area and made available to all patients, including those who have received a previous notice. Upon request of a revised notice, a patient is asked to acknowledge of the notice.

**Documentation of Provision of Notice** When direct treatment patient receives the notice from the practice, the practice asks the patient to sign its “Receipt of Notice of Privacy Practices” form. The form is filed with the patient’s medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

**Permitted Uses and Disclosures** this practice may disclose protected health information on the individual who is the subject of the information for the following:

**Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

**Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of health care provider to obtain payment or to be reimbursed for the provision of health care to an individual.

**Health care operations:** (a) quality assessment and improve activities, including case management and care coordination; (b) competency activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning development, management, and administration; (f) business management and general administrative of the practice, including but not limited to : de-identifying protected health information, and creating a limited data set).

**Business Associates:** We may contract with individuals or entities know as Business Associates to perform functions related to payment and health care operations. In order to perform functions related to payment and health care operations. In order to perform these health care operations on behalf of Dermatology Associates of LaGrange, Business Associates are required, under legal agreement, to receive, create, maintain, use and/or disclose your protected health information only with appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associates to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation. This is in compliance with HIPPA regulation 45 CFR 160.103,45 CFR Part 160, 45 CFR Part 164.

**Deceased Patients:** A healthcare provider must comply with all of the requirements of this subpart with respect to the protected health information of a deceased patient.

### **Uses and Disclosures Which Require Your Authorization**

**Marketing:** As defined under the privacy Rule, Marketing is communication about a product or service. Marketing may also be conducted with arrangement between Dermatology Associates of LaGrange, and a third party whereby Dermatology Associates of LaGrange, discloses protected health information, Patient Name and email address only, to the third party of its affiliates to make

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communication directly with patients for marketing purposes. This communication requires your written authorization either **opting in** to receive these communication or **opting out**.

**Fundraising:** When is a through the sale of a product for which a portion of the proceeds are donated to an organization; no authorization is required to opt out for this activity Any funds that are a portion of the sale of the product will be used to expand and improve the services and programs we provide the community.

When fundraising include disclosure of the PHI to a third party such as a name and email address, you the patient are free to opt out of this type of fundraising solicitation, and your decision will have no impact on your treatment or payment for services. To opt out of communications on fundraising either contact our office by phone, email, or writing indicating you know longer wish to receive these communications.

## **Uses and Disclosures Which Do Not Require Your Authorization**

Informal permission may be obtained by asking the individual outright, or circumstances that clearly give the individual the opportunity to agree, acquiesce, or object.

**Emergencies:** Where the individual is incapacitated, in an emergency situation, or not available Dermatology Associates of LaGrange, providers generally may make such uses and disclosures, if the exercise of their professional judgment, the use or disclosure is determined to be in the best interest of the individual

## **For Notification and Other Purposes:**

Dermatology Associates of LaGrange also may rely on an individual's informal permission to disclose to the individual's family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly to that person's involvement in the individual's care or payment for care.

**Incident Use and Disclosure:** The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the practice has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the "minimum necessary," as required by the Privacy Rule.

**Public Health Activities:** Dermatology Associates of LaGrange may disclose protected health information to (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorized to receive reports of child abuse and neglect.

**Health Oversight Activities:** Dermatology Associates of LaGrange may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit program.

**Law Enforcement Purposes:** Dermatology Associates of LaGrange may disclose protected health information to law enforcement officials for law purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive witness, or missing person; (3) in response to the law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the practice suspect that criminal activity caused the death; (5) when the practice believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency on its premises, when necessary to inform law enforcement about the commission and nature of a crime or crime victims and the perpetrator of the crime.

**Legal Proceedings:** We may disclose protected health information 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.

**Serious Threat to Health or Safety:** Dermatology Associates of LaGrange may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat.

**Workers' Compensation:** Dermatology Associates of LaGrange may disclose protected health information as authorized by, and to comply with workers' compensation laws and other similar programs providing benefits for work-related injuries or illness.

## **Your Rights:**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

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**Patient Authorization:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described. You may revoke this authorization at any time, in writing, except to the extent that your physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Access:** Patient has the right to review and obtain a copy of their protected medical record. Dermatology Associates of LaGrange may impose reasonable, cost-based fees for the cost of copying and postage of the record. Should the patient wish to review the record at the doctor's office, every reasonable effort will be made to accommodate such request in a timely manner. You may also choose copies of your protected medical record in electronic format such as MS Word, Excel, text, HTML, or text-based PDF.

**Amendments:** Patients have the right to request an amendment or correction to information, within their medical record that is incorrect or incomplete. The physician has the right to deny said request and allow the patient in writing to provide a statement of disagreement for inclusion in the record.

**Disclosure Accounting:** Patients' have the right to an accounting of the disclosures of their protected health information by the physician(s) of record. The maximum disclosure accounting period is the six years immediately preceding the amount request, except that the physician(s) are not required to account for any disclosures made prior to the enactment of the Privacy Rule compliance date.

**Account of Disclosures that are not required of the physician(s):** (a) for treatment, payment, or healthcare operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures.

**Required Users and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq. An individual has a right to or will receive of breaches of his or her unsecured PHI.

**You Have the Right to Request a Restriction of your Protected Health Information.** Under the Omnibus Rule, in subsection (vi) added to 164.522(a)(1), a covered entity must honor an individual's request to restrict to disclosure of his or her PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which the individual, or a person other than the health plan on behalf of the individual (such as a family member), has paid the covered entity in full. You may also request that any part of your protected health information is not to 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 the physician believes it is your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does not agree to the requested restriction, we may not use or disclose your protected health information 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 letter addressed to the Privacy Officer at your provider's office.

**You Have the Right to Request to Receive Confidential From us by Alternative Means or at an Alternative Location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative or other method of contact. We will not request an explanation from you as to the basis for the request. Please request in writing to our Privacy Contact at your provider's office.

**Individual Rights-Waiver of Rights** the practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment except under very limited circumstances allowed under law.

**Complaints** Should you have a concern or complaint about the use of your PHI from this office you are to contact the Privacy Officer at your provider's office. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of suspected violation. There will be no retaliation against any party filing a complaint.

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To file a complaint with Secretary, mail to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hippa/](http://www.hhs.gov/ocr/hippa/), for more information. There will be no retaliation against any party filing any party a complaint.