



Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your PHI. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- ☐ How we may use and disclose your PHI
- ☐ Your privacy rights with regard to your PHI
- ☐ Our obligations concerning the use and disclosure of your PHI
- ☐ How you can lodge a complaint about how we handle your PHI without your approval for certain matters

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times. We will also post the most current Notice to our website, and you may request a copy of our most current Notice at any time.

A. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your PHI that Do Not Require Your Authorization.

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help

us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment.

2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services and items.

3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, to conduct cost-management and business planning activities for our practice, or to train new healthcare workers.

4. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

B. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU THE OPPORTUNITY TO OBJECT

1. Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person involved in your health care or in helping you get payment for your health care. For example, unless you object, statements sent to your home contain billing information for all members of your family who have had services at Ascend Dermatology.

2. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose your PHI as we determine is in your best interest.

3. Unless you object, we may also disclose your PHI to persons performing disaster relief activities.

4. Unless you object, we may use your health information to assist us in communicating with you about appointment reminders, test results, and treatment information. Our communications to you may be by telephone, cell phone, e-mail, patient portal, or by mail.

C. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your PHI without written authorization from you.

1. We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for

face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization; however, we will be unable to take back any disclosures we have already made with your authorization.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES WITHOUT YOUR APPROVAL

The following categories describe unique scenarios in which we may use or disclose your PHI without your consent or authorization.

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- ☐ Maintaining vital records, such as births and deaths
- ☐ Reporting child abuse or neglect
- ☐ Preventing or controlling disease, injury or disability
- ☐ Notifying a person regarding potential exposure to a communicable disease
- ☐ Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- ☐ Reporting reactions to drugs or problems with products or devices
- ☐ Notifying individuals if a product or device they may be using has been recalled
- ☐ Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- ☐ Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

1. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. We may use your information to report diseases to the health department.

3. **Lawsuits and Similar Proceedings.** Our practice may disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party

involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- ☐ Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- ☐ Concerning a death we believe has resulted from criminal conduct
- ☐ Regarding criminal conduct at our offices
- ☐ In response to a warrant, summons, court order, subpoena or similar legal process
- ☐ To identify/locate a suspect, material witness, fugitive or missing person
- ☐ In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

7. Research. In limited circumstances, we may disclose our PHI to researchers for medical research projects. However, these disclosures must receive special approval from the Medical Director and the Privacy Officer before any PHI is disclosed to such researchers. Researchers will be required to safeguard the PHI they receive from us.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work, or to send communications in a sealed envelope instead of a postcard. You may be asked to pay for additional costs incurred to comply with your request. In order to request a type of confidential communication, you must make written request to our Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice

will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction on how we use or disclosure of your PHI. We are not required to agree to your request, except for when you request that we not disclose information to your health insurer about services for which you paid-out-of-pocket in full. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to:

Midwest Dermatology, Attn: Privacy Officer, 3060 N Arlington Heights Road, Arlington Heights, IL 60004, telephone: 847-394-1202, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures that our practice has made of your PHI. We are not required to list use of your PHI as part of the routine patient care, payment, or health operations in our practice for paper records. Example of routine patient care, payment, or health operations excluded from an accounting from paper charts include: the doctor sharing information with the nurse, the

billing department using your information to file your insurance claim, and discussion of your PHI for purposes of improving our health care delivery system. In order to obtain an accounting of disclosures, you must submit your request in writing to: Midwest Dermatology, 3060 N Arlington Heights Road, Arlington Heights, IL 60004, Telephone: 847-394-1202. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years with paper charts or three years for listings to include treatment and payment from electronic records, from the date of the request, and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You will be offered a copy on your first visit to the practice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer at 847-394-1202.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice, or with the Secretary of the Department of Health and Human Services; Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C., 20201, or phone (202) 619-0257 or toll free (877) 696-6775.

To file a complaint with our practice, contact: Midwest Dermatology, Attn: Privacy Officer, 3060 N Arlington Heights Road, Arlington Heights, IL 60004 telephone: 847-394-1202. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Again, if you have any question regarding this notice or our health information privacy policies, please contact our Privacy Officer at 847-394-1202.

This Notice of Privacy Practices is effective June 1, 2010 (*Revised 7/2021*)