

# THE CENTER

FOR DERMATOLOGY, COSMETIC & LASER SURGERY

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## ***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.**

The terms of this Notice of Privacy Practices apply to The Center for Dermatology, Cosmetic and Laser Surgery's organized health care arrangement, operating as a clinically integrated health care arrangement, which is composed of the physicians seeing and treating patients at the Center. The members of this arrangement work and practice at the Center. All such entities and persons will share your personal health and medical information as necessary to perform treatment, payment, and health care operations as allowed by law.

### **I. OUR COMMITMENT TO SAFEGUARD YOUR MEDICAL INFORMATION**

We are committed to protecting the privacy of medical information about you. This includes information that can be used to identify you that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We are required by law to maintain the privacy of your medical information and we must provide you with this Notice about our privacy practices that explains how, when, and why we use and disclose medical information about you. With some exceptions, we may not use or disclose any more of your medical information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

#### **Uses and Disclosures Without Authorization**

The following categories describe different ways that we are permitted to use and disclose your medical information without a specific authorization from you.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, medical students, and other health care personnel, who provide you with health care services or are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may disclose medical information about you to other health care providers who request such information for purposes of providing medical treatment to you.

**For Payment.** We may use and disclose medical information about you in order to bill and collect payment for the treatment and services provided to you. For example, we may need to give your insurance company information about a procedure you received at the Center in order for them to pay for the visit. We may also contact your insurance company to obtain prior approval for a treatment you are going to receive or to determine whether it is covered by your plan.

We may also provide medical information about you to our billing associates, such as billing companies, claims processing companies, and others that process our health care claims. We require these business associates to appropriately safeguard the privacy of you information.

We may also provide information about you to other health care providers that have treated you or provided services to you to assist them in obtaining payment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate The Center for Dermatology, Cosmetic and Laser Surgery and ensure that all of our patients receive quality care. For example, we may use your medical information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

We may also disclose medical information about you to another health care provider or health plan with which you also have a relationship for such things as quality assurance and case management.

We may also provide medical information about you to our business associates, such as accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We require these business associates to appropriately safeguard the privacy of you information.

**Appointment reminders and services.** We may use and disclose medical information to provide appointment reminders or test results.

**Health-related products and services.** We may use and disclose medical information to tell you about health-related products or services necessary for your treatment, to advise you of new products and services we offer, or to provide general health and wellness information.

**Individuals involved in your care or payment for your care.** We may provide medical information about you to a family member, friend, or other person who is involved in your care or the payment for your healthcare. You have the right during registration to restrict what information is provided and/or to whom.

**Research.** Under certain limited circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information. It tries to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. We will generally ask for your specific permission if the research will have access to your name, address or other information that reveals who you are, or will be involved in your care at The Center. While the research is in progress, your access to your medical information may be limited.

**As required by law.** We will disclose medical information about you when required to do so by federal, state, or local law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; to report reactions to medications or problems with products, or to notify people of recalls of products they may be using.

**To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or lessen such harm.

**Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a court or administrative ordered subpoena or discovery request, but only after effort have been made to tell you about the request.

**Health oversight activities.** We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Minors.** We may release medical information about minors to their parents or legal guardians. However, in instances where state law allows minors to consent to their own treatment without parental consult (i.e., HIV testing), information will not be released to a minor's parents without the minor's consent unless otherwise specifically allowed under state law.

**Workers' compensation.** We may release medical information about you for workers' compensation or similar agencies as necessary to determine if you are eligible for benefits for work-related injuries or illness.

**Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure may be necessary to determine if you are eligible for certain benefits.

**Employers.** We may release medical information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either (1) to conduct an assessment relating to a medical examination of the workplace or (ii) to determine whether you have work-related illness or injury. In such circumstances we will give you written notice of such release of information to your employer. Any other disclosure to your employer will be made only if you assign a specific authorization of the release of that information to your employer.

**National security and intelligence.** We may release medical information about you for national security purposes, such as protecting the President of the United States or foreign heads of state, or for conducting intelligence operations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

## **USES AND DISCLOSURES REQUIRING AUTHORIZATION**

The following categories describe different ways that we are permitted to use and disclose your medical information only with a specific authorization from you.

**Other uses and Disclosures of Medical Information.** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; however, we cannot take back any disclosures we have already made based upon prior permission.

**HIV/AIDS Information.** Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by federal and state law. Generally, an authorization must be obtained for the disclosure of such information; however, state law may allow for disclosure of information for public health purposes.

### **III. WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION**

You have the following rights with respect to your medical information:

- A. The Right to Inspect and Copy.** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We will respond to you after receiving your written request, and will notify you in writing if your request is delayed.

To inspect and receive a copy of medical information that may be used to make decisions about you, you may contact the Privacy Officer or Office Manager in writing.

- B. The Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or health care operations. You may not limit the uses and disclosures that we are legally required or allowed to make. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had.

We may deny certain requests. If we do agree to your request, we will comply with it unless the information is needed to provide you emergency treatment.

To request restrictions on the use or disclosure of your medical information, you may do so at the time you check in. Your request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). You may also request such a restriction at any time by contacting the person listed in Section V below.

A previously agreed to restriction may be terminated by you or the office, either orally or in writing. If we terminate the restriction, we can only use or disclose medical information we create or obtain after such restriction is terminated.

- C. The Right to Amend.** If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You have the right to request an amendment for as long as the office keeps the information. To request an amendment, you must provide the request in writing along with your reason for the request to the person listed in Section V below.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the medical information is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our records. Our written denial will state reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your "protected health information" (PHI). If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to you PHI.

- D. The Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of instances in which we have disclosed medical information about you, with certain exceptions specifically

defined by law. This list will not include certain uses or disclosures, such as those you have specifically authorized and those that are otherwise permitted, such as ones made for treatment, payment, or health care operations, directly to you, or to your family.

To request this list or accounting of disclosure, you must submit your request in writing to the person listed in section V below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

We will respond within 60 days of receiving your request. We will notify you in writing if we need an additional 30 days to respond. The list we will give you will include the date of each applicable disclosure, to whom information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.

- E. The Right to Request Confidential Communications.** You have the right to ask that we send information to you to an alternate address (for example, if you want appointment reminders to not be left on an answering machine or if you want information sent to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will agree to all reasonable requests so long as we can easily provide it in the format you requested. To request medical information be sent to an alternative address or by other means, you may do so at the time you register for services or by contacting the Privacy Officer or Office Manager.
- F. The Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, please ask the front desk staff or contact the person listed in Section V below.

#### **IV. COMPLAINTS**

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed in Section V below. You may also send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Building, Washington, D.C. 20201 within 180 days of an alleged violation of your rights. ***You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.***

## **V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you have any questions about this Notice or wish to make a complaint about our privacy practices, please contact the Privacy Officer at (914) 241-3003, or via e-mail at [office@thecenterforderm.com](mailto:office@thecenterforderm.com). Written requests or complaints should be sent to this person at 359 Main Street, Suite 4G, Mount Kisco, NY 10549.

## **VI. CHANGES**

We reserve the right to change the terms of this Notice and our privacy policies at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in the reception area. The Notice will contain on the first page, in the top right-hand corner, the effective date. You can also request a copy of this Notice from the contact person listed in Section V at any time or can view a copy of the Notice on our website at [www.thecenterforderm.com](http://www.thecenterforderm.com).

## **VII. ACKNOWLEDGEMENT**

You will be asked to sign an acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and treatment at The Center for Dermatology, Cosmetic and Laser Surgery is not conditioned upon your providing the written acknowledgment.