

Notice of Privacy Practices
DERMATOLOGY CENTER, P.C., 40 CROSS STREET,
NORWALK, CT 06851
203-847-1500

Effective Date: September 23, 2013

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. HIPAA gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information. If you have any questions about this Notice, please contact Dr. Debra Weissman or our Office Manager, Richard Ellenbogen.

A. How this Medical Practice May Use or Disclose Your Health Information

The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services, which we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test.

2. Payment. We may use and disclose medical information about you to obtain payment for the services we provide. For example, we may give your health plan the information it requires before it will confirm coverage and/or pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information to request that your health plan authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other health care providers, a health care clearinghouse or health plans that have a relationship with you when they request this information, to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of compliance, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Business Associates. We may share your medical information with our "business associates". Our business associates include third party service providers that are used in our practice including, but not limited to, billing and payment services, patient management and other computer systems, telephone calling services used to remind you about appointments and

building maintenance and cleaning services. We have verified that each of our business associates has policies and procedures in effect requiring them to protect the confidentiality of your PHI.

5. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information with the person answering the phone or on your answering machine or voice mail.

6. Sign in sheet. We may ask you to sign in when you arrive at our office so that your name will appear on the daily sign in sheet. We may also call out your name when we are ready to see you.

7. Notification and communication with family. We may disclose your health information to a family member or a close friend or other person you identify where relevant to that person's involvement in your care or payment for your care. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.

8. Marketing. We may contact you to give you information about product or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information for marketing purposes without your written authorization.

9. Required by law. To the extent required by law or requested by governmental authorities, we may use and disclose your health information. Additionally we may use and disclose your health information to report actual or potential abuse, neglect or domestic violence, or to respond to judicial or administrative proceedings, or to law enforcement officials.

10. Public health. We may, and are sometimes required by law to, disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We are not obligated to inform you (or your personal representative) of such disclosures and we do not intend to inform you if we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. Health oversight activities. We may, and are sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.

12. Judicial and administrative proceedings. We may, and are sometimes required by law to, disclose your health information in the course of any administrative or judicial proceeding to the

extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery or other legal form of request.

13. Law enforcement. We may, and are sometimes required by law to, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena or for other law enforcement purposes.

14. Coroners. We may, and are sometimes required by law to, disclose your health information to coroners in connection with their investigations of deaths.

15. Organ or tissue donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. To avert a serious threat to health or safety. We may, and are sometimes required by law to, disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Specialized government functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

18. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

19. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record may be transferred to the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information, which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by submitting a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests

submitted in writing which specify how or where you wish to receive these communications. We will charge a reasonable fee, as allowed by Connecticut law.

3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by Connecticut law. We may deny your request under limited circumstances.

4. **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We, in our sole discretion, will determine whether amending the health information is appropriate under the circumstances and based on the information provided. We are not required to amend your health information and we will not do so if we determine that the current health information is accurate and complete.

5. **Right to Receive a Notice of Privacy Practices.** You have a right to receive a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please advise Dr. Debra Weissman or contact our office manager.

D. Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information

Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV-related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission: Psychiatric information. We may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. We may also disclose very limited psychiatric information for payment purposes. HIV-related information. We may disclose HIV-related information for purposes of treatment or payment. Substance abuse treatment. We may disclose information obtained from a substance abuse program in an emergency.

E. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and provide you with a copy upon request.

F. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to Dr. Debra Weissman or the office manager. If you feel that your complaint has not been handled sufficiently by us, you may also issue your complaint to the Department of Health and Human Services, Washington, DC. You will not be penalized for filing a complaint.