ASSOCIATES OF SOUTH SHORE DERMATOLOGY

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NOTICE OF PRIVACY PRACTICES

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. This Act gives you, the patient, the right to understand and control how your protected health information (PHI) is used. HIPAA provides penalties for covered entities that misuse personal health information.

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.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operation.

. Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.

. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing, or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.

. Health Care Operations include business aspects of running our practice such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.

. The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

The following use and disclosure of PHI will only be made pursuant to us receiving a written authorization from you.

. Most uses ad disclosures of psychotherapy notes;

. Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations.

. Disclosures that constitute a sale of PHI under HIPAA; and

. Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to our PHI:

. The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

. The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.

. The right to inspect and copy your PHI.

. The right to amend your PHI.

. The right to receive an accounting of disclosures of your PHI.

. The right to obtain a paper copy of this notice from us upon request.

. The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and in advance, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a decision.

We are required by law to maintain the privacy of our PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of September 23, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post a copy and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Practice Compliance Officer, Debbie Forrest at 617-773-7431 for more information, in person or in writing.