

## NOTICE OF PRIVACY PRACTICES

### UPSTATE DERMATOLOGY, PC

### MEDICAL PRACTICE OF A. NEAL GREGORY, M.D.

*Effective Date: August 31, 2013*

This notice describes how your protected health information may be used and disclosed and how you can get access to this information.

#### **PLEASE REVIEW IT CAREFULLY.**

*If you have any questions about this Notice please contact our Privacy Officer;*

**Brian Brill**

*Director of Operations*

518-479-4156

#### **A. BACKGROUND**

“We,” meaning A. Neal Gregory, M.D., and staff have a legal duty to protect the privacy of protected health information that may reveal your identity and provide you with a copy of this Notice. We will use and disclose your protected health information only as disclosed in this Notice. We may change this Notice at any time. You may obtain a current copy of this Notice at our web site, [www.uhvdermatology.com](http://www.uhvdermatology.com). You will also be able to obtain a current paper copy of this Notice by calling Brian Brill, the Director of Operations and the Privacy Officer at; (518) 479-4156, or asking for one at the time of your next visit to our office.

#### **B. OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of protected health information;
- Give you this Notice of our legal duties and privacy practices regarding health information to you;
- Follow the terms of our Notice that is currently in effect.

#### **C. DEFINITIONS**

Protected health information “or PHI” means any information, whether oral or recorded in any form or medium created or received by our office.

##### ***1. Identifies or can be used to identify the individual.***

Protected health information does not include information that has been de-identified as

described in Section D-1 of this Notice or information in our office employment records. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have);
- Information about your healthcare services you have received or may receive in the future (such as an operation);
- Information about your healthcare benefits under an insurance plan (such as whether a prescription is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, or your phone number, or your driver's license number); and other types of information that may identify who you are.

***II. This Notice of Privacy Practices governs how the:***

- Physician and office staff;
- Members of physician's staff and Allied Health Professionals will use or disclose PHI that was received or created by any of the physician's staff or physicians at the office of A. Neal Gregory, M.D. As used in this Notice, the phrases "we," "our," or "us" refers to the physician and his staff employees and its Allied Health Professionals. This Notice of Privacy does not govern the actions of any Hospital Medical Dental Staff or their Allied Health Professionals with respect to health information that was not created or received at our office. For example, health information that was not created or obtained by our office's private practice.

**D. HOW WE MAY USE AND DISCLOSE PHI**

In general, we will obtain your written authorization before using your PHI or sharing it with others outside of our office. There are some situations when we do not need your written authorization before using your PHI or sharing it with others. Those situations are as follows:

- ***Treatment:*** We may share your PHI with doctors or nurses and other individuals in a Hospital or a physician's office who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at the Hospital may share your PHI with other healthcare providers outside of the Hospital, to determine how to diagnose or treat you. We may also share your PHI with healthcare providers to whom you have been referred for further healthcare.
- ***Payment:*** We may use your PHI or share it with others so that we obtain payment for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order

to obtain pre-approval for your treatment, such as admitting you for a particular type of surgery or pre-certification for diagnostic testing.

- **Healthcare Operations:** Each of these covered entities covered by this Notice may use your PHI or share it with others in order to conduct their healthcare business operations. For example, an entity covered by this Notice may use your PHI to evaluate the performance of its staff in caring for you, or to educate its staff on how to improve the care they provide for you. It may also share your PHI with business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our written contract.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use your PHI when we contact you with a reminder that you have an appointment for treatment or services at our office. We may also use your PHI in order to recommend possible treatment alternative or health-related benefits and services that may be of interest to you.
- **Research:** We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

## E. SPECIAL SITUATIONS

- **As Required by Law:** We may use or disclose your PHI if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.
- **To Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or release your PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We also may release your PHI to the appropriate foreign military authority if you are a member of a foreign military.

- **Workers' Compensation:** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities:** We may disclose your PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose your PHI 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.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may disclose your PHI to law enforcement officials for the following reasons:
  - To comply with court orders or laws that we are required to follow;
  - To assist law enforcement officers with identifying or locating a suspect, fugitive, witness or missing person;
  - If you have been the victim of a crime and we determine that; (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; (3) in our professional judgment disclosure to these officers is in your best interest;
  - If we suspect that your death resulted from criminal conduct;

- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).
- **Coroners, Medical Examiners and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release your PHI to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities:** We may release your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **Others involved in your care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to the persons involved in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care or your location, general condition or death, without your written authorization or consent. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **G. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes;

- Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your PHI under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## H. YOUR RIGHTS REGARDING PHI

The records of your PHI are the property of this office. You have the following rights, however, regarding PHI we maintain about you:

- **Right to Inspect and Copy:** You have a right to inspect and copy your PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, please contact our Privacy Officer. We have up to 30 days to make your PHI available to you. You may be charged a fee for the cost of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

*Note: As of February 1, 2014 Upstate Dermatology, PC does not maintain electronic medical records.*

- **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Right to Amend:** If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request

an amendment as long as the information is kept in our records. To request an amendment please write to: Brian Brill, Director of Operations at 1547 Columbia Turnpike, Castleton, NY 12033. Your request should include the reasons why you think we should make the amendment.

If we deny all or part of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

- ***Right to an Accounting of Disclosures:*** You have a right to request an “accounting of disclosures,” which is a list containing information about how we have shared your information with others. An accounting list, however, will not include:
  - Disclosures we made to you;
  - Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations;
  - Disclosures made to your friends or family involved in your care;
  - Disclosures made before April 14, 2003.
  - Your request must state a time period for the disclosures you want from us to include. For example, you may request a list of disclosures that we made between January 1, 2012 to January 1, 2013. You have a right to one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists in the same 12 month period.
- ***Right to Request Restrictions:*** You have the right to request that we further restrict the way we use and disclose your PHI to treat your condition, collect payment for that treatment, or run our normal healthcare business operations. You may request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. Request of restrictions must be made in a written statement and be specific as to what entity you request the restriction to be applied to. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a healthcare

item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

- ***Out-of-Pocket-Payments:*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- ***Right to Request Confidential Communications:*** You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of home. To request more confidential communications, please write to our Privacy Officer. Please specify in your request how or where you wish to be contacted, and how payment for your healthcare will be handled if we communicate with you through this alternative method or location.
- ***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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.
- ***Right to File a Complaint:*** You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file this complaint with us, please contact Brian Brill, Director of Operations and the Privacy Officer at; (518) 479-4156 for further information about the complaint process.

No one will retaliate or take action against you for filing a complaint.