

## **Gem State Dermatology**

### **Notice of Privacy Practices**

**Updated June 2, 2022**

We are required by law to maintain the privacy of your health information and give you notice of our legal duties and privacy practices with respect to your protected health information. We will be conducting regular risk assessments to ensure that the use or disclosure of your Protected Health Information is not breached. This notice summarizes our duties and your rights (as a patient of this practice) concerning your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**PLEASE READ THIS NOTICE CAREFULLY. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI) also known as 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 health information that identifies you. 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 IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at that time. We realize that these laws are complicated, but we must provide you with the following important information:

1. How we may use and disclose your IIHI.
2. Your privacy rights in your IIHI.
3. Our obligations concerning the use and disclosures of your IIHI.

The terms of this notice apply to all records (electronic and paper) containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practice. 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 records that we may create or maintain in the future. Our practice will post a copy of our current Notice of Privacy Practices in our offices in a visible location at all times and you may request a copy at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE OFFICE MANAGER SHE WILL BE HAPPY TO SPEAK WITH YOU REGARDING ANY CONCERNS YOU MAY HAVE.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) WITHOUT WRITTEN AUTHORIZATION IN THE FOLLOWING WAYS.

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment: Our practice may use your IIHI 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 reach a diagnosis. We might use your IIHI in order to write a prescription for you or we might disclose your IIHI 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 physicians, physician assistants, nurses and medical assistants may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care such as your spouse, children, parents or other medical offices or healthcare facilities.
2. Payment: Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you 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 may also use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs such as family members. Also, we may use your IIHI to bill you directly for services and items.
3. Health Care Operations: Our practice may use and disclose your IIHI to operate our business. For example, our practice may use your IIHI to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice.
4. Appointment Reminders: Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. Treatment Options: Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. Release of Information to Family/Friends: Unless you object, our practice may release your IIHI to a family member or friend that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a relative or friend take their child to the physician's office for treatment or evaluation of a problem. In this example, the relative or friend may have access to the child's

medical information. IF YOU OBJECT OR HAVE ANY CONCERNS PLEASE NOTIFY THE OFFICE MANAGER.

7. Disclosures Required By Law: Our practice will use and disclose your IIHI when we are required to do so by federal and/or state law.
8. Business Associates Agreements: We expect any business associate that stores, provides data transmission services or handles/maintains IIHI on our behalf to be held to the same laws and we will require them to provide us with signed agreements binding them to do so.
9. Risk Assessments: We will perform assessments to ensure that breaches do not occur. We will try to identify areas where possible breaches could occur and fix them. If they do occur we will: (a) review the nature and extent of the PHI involved including the types of identifiers and the likelihood of re-identification (b) identify the unauthorized person who used the PHI or to whom the disclosure was made (c) determine whether the PMI was actually acquired or viewed (d) determine the extent to which the risk to the Protected Health Information has been mitigated.

#### D. USE AND DISCLOSURES OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. Public Health Risks: Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records such as births or deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability. When notifying a person regarding potential exposure to a communicable disease or notifying a person regarding a potential risk for spreading or contracting a disease or condition. When reporting reactions to drugs or problems with products or devices or notifying individuals if a product or device they may be using has been recalled. When notifying appropriate government agencies and authorities 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. When notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. Health Oversight Activities: Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, disciplinary actions, civil, administrative, and criminal procedures/actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI 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 obtain an order protecting the information the party has requested.
4. **Law Enforcement:** We may release IIHI 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 or if concerning a death we believe has resulted from criminal conduct. If criminal conduct took place at our office or on our property or 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. **Research:** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study (ii) the use or disclosure of your IIHI is being used only for the research (iii) the researcher will not remove any of you IIHI from our practice (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.
6. **Serious Threats to Health or Safety:** Our practice may use and disclose your IIHI 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.
7. **Military:** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
8. **National Security:** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.
9. **Inmates:** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law

enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you (b) for the safety and security of the institution and/or (c) to protect your health and safety or the health and safety of other individuals.

10. Workers' Compensation: Our practice may release your IIHI for workers' compensation and similar programs.

#### E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

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. In order to request a type of confidential communication, you must make a written request to the office manager. You must specify 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 in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST, 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 IIHI, you must make your request in writing to the office manager. Your request must describe the following in a clear and concise fashion: the information you wish to restrict, whether you are requesting to limit our practice's use, disclosure or both and to whom you want the limits to apply. You may also opt out of receiving fundraising communications (if Gem State Dermatology uses PHI or IIHI to conduct fundraising activities).
3. Inspections and Copies: You have the right to inspect and obtain a copy of the IIHI 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 the office manager in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and /or copy in certain limited circumstances, however, you may request

a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

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 the office manager. 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 IIHI kept by or for the practice (c) not part of the IIHI which you would be permitted to inspect and copy (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 non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, a doctor sharing information with a nurse or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the office manager. All requests for an “accounting of disclosures” must state a time period which may not be longer than six (6) years from the date of disclosure 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. Rights to a Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
7. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. Right to Provide an Authorization for Other Uses and Disclosures: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us

regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

9. Right to Pay Out of Pocket for Services: The patient has the right to pay out of pocket for services and the right to require that Gem State Dermatology not submit PHI or IIHI to the individual's health plan
10. The Right to be Notified of Breaches: Gem State Dermatology has a duty to notify affected individuals following a breach of unsecured PHI or IIHI.
11. Expanded Patient Rights: Gem State Dermatology is required to abide by an individual's request to restrict the disclosure of PHI or IIHI to a health plan if the individual or someone on behalf of the individual has paid Gem State Dermatology in full. Gem State Dermatology must provide electronic access/copy of PHI or IIHI in electronic form if it is readily producible in that form. If an individual directs Gem State Dermatology, in a signed writing, to electronically transmit a copy of the PHI or IIHI to another person designated by that individual, then Gem State Dermatology must transmit the PHI or IIHI electronically to that party.
12. PHI or IIHI of Deceased Patients: Gem State Dermatology is permitted to disclose PHI or IIHI to a decedent's family members and others who were involved in the patient's care or payment for that care, prior to death, unless doing so would be inconsistent with any prior expressed preferences known to Gem State Dermatology. This is limited to disclosing PHI or IIHI that is relevant to the family member or other person's involvement in the individual's healthcare or payment. Under the new HIPAA regulations health information is no longer PHI or IIHI after a patient has been dead for 50 years.