

Keystone Dermatology & Center for Skin Surgery, LLC
Notice of Privacy Practices
Effective Date: July 11, 2008

To Our Valued Patients: Please take a few moments to read the following information. The content explains how we use your healthcare information. These new guidelines are part of a recent federal law instituted to protect the privacy of your healthcare records. Our goal is to let you know we do our best to protect your confidentiality, tell you about your rights and give you an opportunity to ask questions about these guidelines.

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. If you have any questions, please contact our office at the address listed at the end of this notice or telephone 814.943.SKIN (7546) to leave a message.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

WHO WILL FOLLOW THIS NOTICE

KEYSTONE DERMATOLOGY & CENTER FOR SKIN SURGERY, LLC (KDCSS) provides health care to our patients in partnership with physicians and other professionals and organizations. The privacy practices described in this notice will be followed by:

- ▶ Any health care professional who (e.g. physician, nurse) treats you at any of our locations.
- ▶ All departments and satellite offices of our organization.
- ▶ All employees or volunteers of our organization.

OUR PLEDGE TO YOU

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. The law requires us to:

- ▶ Keep medical information about you private.
- ▶ Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- ▶ Follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you for **treatment** without authorization. Such as:

- ▶ Discussing or providing medical information about you with other physicians or staff
- ▶ Sending clinical information gathered in the office during your pregnancy will be forwarded to the hospital in preparation for the birth of your baby.
- ▶ We may discuss marketing of services with you as possible treatment options. You may notify us if you do not wish to receive any healthcare marketing information.

We may use and disclose medical information about you **to obtain payment for treatment**. Such as:

- ▶ Sending billing information and office notes, when requested by your insurance company .

- ▶ If payment is owed but arrangements have not been made to resolve the debt we may use collection agencies or others to help recover payment for services provided.
- ▶ Billing information may be given to your Billing Guarantor if you have designated someone other than yourself to be responsible for payment of your healthcare services.

We may use and disclose medical information about you **to support our health care operations**. Such as:

- ▶ Comparing patient data to improve treatment methods
- ▶ Analyzing data and information to determine new or updated services to provide to our patients
- ▶ Working with agencies that perform quality improvement activities or accreditation services

We may use and disclose medical information about you to contact you as a reminder that you have an appointment for medical services.

We may disclose medical information to you to tell you about possible treatment options or alternatives that may be of interest to you.

Or, we may use and disclose medical information to you to mail you a letter telling you of normal laboratory testing results.

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **research studies, funeral arrangements, workers' compensation purposes, required by military command authorities, and emergencies**.

We may disclose medical information about you to a **caregiver or family member who is involved in your medical care**. This may be due to diagnostic testing results that return a critical outcome. In order to provide you with the best possible health care we may disclose specific information to your caregiver or family member so you may receive appropriate follow-up care as indicated. We may also disclose information about you to disaster relief authorities so that your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION

TO BUSINESS ASSOCIATES: We provide some services through contracts with business associates. Examples include: pathology services(including but not limited to ProPath), billing clearing house, our medical software company (MicroFour), IT maintenance person, record copy services, legal services, consulting services and many others.

WHEN LEGALLY REQUIRED: When required by law we will release protected health information to comply with Federal, State or local law. Such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

RISKS TO PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

REPORTING TO FOOD & DRUG ADMINISTRATION (FDA): We may disclose information related to adverse effect or events with respect to food, drugs, devices, products, etc. to enable product or device recall.

REPORTING ABUSE OR NEGLECT: We are required to notify authorities if a patient is the suspected victim of abuse or neglect. We also must report injuries that are a result of criminal conduct.

HEALTHCARE OVERSIGHT ACTIVITIES: We may disclose protected healthcare information related to activities including audits, administrative, civil or criminal investigations, inspections, licensure or other related activities.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision except to the extent of information released in good faith prior to revoking authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

RIGHT TO INSPECT OR COPY: In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

RIGHT TO REQUEST AN ADMENDMENT: If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides a reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision made by us not to amend the record.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: **You have the right to request a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, by submitting a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after July 11, 2008. You will receive the list on paper. The first disclosure list requested in a 12-month period is free; other requests during the same 12-month period will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: 1. **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home. We will accommodate reasonable requests. 2. **You have the right to request that we discuss your healthcare with whomever you designate.** Any discussions regarding your protected health information will only be permitted if you have previously given us the name of the person(s) you have selected. Additionally, we request that you also give us the telephone number where we can contact this individual if necessary. Our system can record names of individuals and telephone numbers. This right to discuss your confidential information with your designate only pertains to exchange of verbal information. This DOES NOT include release of written information without your written authorization.

RIGHT TO A COPY OF THIS NOTICE: **You have the right to request a paper copy of this notice at any time.** Copies will be available at any Reception area and on our website.

RIGHT TO REQUEST RESTRICTIONS: **You may request that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** If the request for restriction is received following health care services previously performed, you must submit your request in writing. We will then inform you of our decision as per your written request. All appeals should be submitted in writing to our Privacy Office. The address of the Privacy Office is listed below.

RIGHT TO MAKE COMPLAINTS: If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer. Please submit your complaint in writing and send to:

Privacy Officer / Office Manager
Keystone Dermatology & Center for Skin Surgery, LLC
2525 9th Avenue, Suite 2A
Altoona, PA 16602

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice

in waiting areas of all our offices. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be asked to acknowledge in writing your receipt of this notice.