

**NOTICE OF PRIVACY PRACTICES**  
**Effective September 13, 2012**

**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!**

OUR DUTIES

Boca Raton Skin Institute is required by law to

- maintain the privacy of your protected health information;
- provide you with a *Notice of Privacy Practices* describing our legal duties and privacy practices concerning your protected health information; and
- abide by the terms of the *Notice of Privacy Practices* currently in effect.

Boca Raton Skin Institute reserves the right to change the terms of its *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that it maintains. When any material changes are made to the *Notice of Privacy Practices*, the new version will be posted in our office and on our website, **and a copy of it is available to you upon request.**

PERMITTED DISCLOSURES

Boca Raton Skin Institute is permitted by the HIPAA Privacy Rule to use and disclose protected health information about you for the purposes of treatment, payment, and healthcare operations. The following are some examples of ways in which we might use or disclose your protected health information:

**FOR TREATMENT:** A medical assistant may review your medical history in order to document it for your provider. We might discuss your care with, or send your records to, another provider who needs this information in order to provide treatment to you, or we might send information about you to a hospital, facility, pharmacy, diagnostic center, or laboratory for the purpose of your treatment.

**FOR PAYMENT:** A biller might use information about you in order to send out claims or invoices or to post payments. We might provide information about your treatment to your insurance company in order to verify benefits or obtain authorizations. We could send records to your insurance carrier as documentation of the services we provided to you. We may disclose information about you to other providers or entities who are also treating you in order to assist them in obtaining payment for services.

**FOR HEALTHCARE OPERATIONS:** We might provide access to your information to a new employee for the purpose of training, or access your records to evaluate the quality of care you received from us. A representative of our medical records software provider may require access to your files for trouble-shooting purposes. In certain circumstances, we may disclose information to other entities who are involved in your care for the sake of their operations purposes.

We also may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may send you appointment reminders or test results on postcards without stating the reason for your appointment or the type of test you had.

If you send us a greeting card, thank you note, or photograph, we may post it in a place visible to other patients and visitors unless you make a request in writing asking us not to do so.

Unless you have objected to our doing so, we may share the relevant information about you with family members or other individuals who are involved in your care or in the payment for your care.

We also may use or disclose your protected health information:

- for public health purposes, such as for reporting injuries and diseases;
- to report adverse events or defective products to the FDA;
- for healthcare oversight activities, such as licensing, audits, and investigations;
- for compliance with workers' compensation requirements;
- to your employer if we have provided your care at the employer's request for purposes relating to workplace conditions or injury;
- to coroners, funeral directors, medical examiners, or entities engaged in the procurement, banking, or transplantation of cadaveric organs;

- for research purposes, as long as the conditions required by the HIPAA Privacy Rule are met;
- for judicial and administrative proceedings (for example, if we receive a subpoena for your records);
- about victims of abuse, neglect, or domestic violence;
- to avert a serious threat to health or safety of a person or the public;
- for specialized government functions such as intelligence and security;
- for law enforcement purposes such as locating a suspect, reporting a crime committed on our premises, notifying law enforcement officials about crime victims, or cooperating with a correctional institution that has legal custody of a patient;
- when required by law to do so, even when none of the above conditions apply.

### OTHER USES AND DISCLOSURES

For all other uses and disclosures, you must give us a valid written authorization. Even once you have given us this authorization, you still have the right to revoke it. The revocation must be given in writing, and will not be valid for any uses or disclosures that had already been made prior to the revocation.

### YOUR RIGHTS

You have a right to:

- **REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.** Although you have the right to make this request, we are not required to act on it, except when the request is to withhold information from your insurance payer regarding services for which you have already paid in full out of pocket. This request must be made in writing on a specific form provided by our office.
- **REQUEST CONFIDENTIAL COMMUNICATION,** such as requesting that we contact you only at a certain phone number or that we send records to you at an alternate address. Although you have the right to make this request, we are not required to act on it. This request must be made in writing on a specific form provided by our office.
- **INSPECT AND RECEIVE A COPY OF YOUR PROTECTED HEALTH INFORMATION.** This request must be made in writing to our office. We may impose a reasonable fee for labor and supplies. We have the right to refuse this request only in certain exceptional circumstances, and in such a case will notify you of the reason for our refusal. You have the right to receive your records in electronic format if you have requested in writing to do so.
- **HAVE AN AMENDMENT MADE TO YOUR RECORD.** This request must be made in writing to our office. We have the right to refuse this request, and in such a case will notify you of the reason for our refusal.
- **RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION,** including disclosures made impermissibly during the six-year period prior to your request, disclosures made permissibly without your authorization for legal and public health purposes during the six-year period prior to your request, and all disclosures made through our electronic medical records system during the three-year period prior to your request. This request must be made in writing.
- **NOTIFICATION OF BREACHES OF YOUR PROTECTED HEALTH INFORMATION.** If we become aware that a workforce member of our practice or any of our business associates has impermissibly used or disclosed your protected health information in a manner that, in our judgment, poses a significant risk of financial, reputational, or other harm to you, we will notify you of this breach in the manner specified by the Department of Health and Human Services.
- **RECEIVE A PAPER COPY OF THIS NOTICE UPON REQUEST.** Your request may be made verbally or in writing.

### COMPLAINTS AND FURTHER INFORMATION

If you would like further information about the matters covered by this notice, you may contact our Privacy and Security Officer at the phone number above. If you believe that your privacy rights have been violated, you have the right to file a complaint to us, which should be addressed in writing to our Privacy and Security Officer at the address or fax number below, or to the Secretary of the Department of Health and Human Services. We will not retaliate against you for making a complaint to us or to the Department of Health and Human Services.