

NOTICE OF PRIVACY PRACTICES

THE PURPOSE OF THIS NOTICE IS TO ADVISE YOU REGARDING PROCEDURES FOR USE, DISCLOSURE, PROTECTION, AND ACCESS OF YOUR MEDICAL INFORMATION. PLEASE READ CAREFULLY.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be stored and handled in a proper and confidential manner. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose that information.

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

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination and referral to another provider.
- Payment means such activities as obtaining reimbursement for services, verifying coverage and benefits, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, and cost management analysis and customer service. An example would be an internal quality assessment.

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

We 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.

Any other uses and disclosures will be made only with your written authorization. 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 authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the HIPAA Privacy Officer.

- The right to request restrictions on certain uses, and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction such as those involving custodial issues. If we do agree to a 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 from us by alternative means or at alternative locations after our receipt of your written request.
- The right to inspect and copy your protected personal health information.
- The right to receive an accounting of disclosure of protected health information.
- The right to amend your health information providing that your information is known to be true.
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of 4/13/2003 and we are required to abide by the terms of the NOTICE OF PRIVACY PRACTICES currently in effect. We reserve the right to change the terms of our NOTICE OF PRIVACY PRACTICES and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised NOTICE OF PRIVACY PRACTICES should that occur.

You will have recourse if you feel that your privacy protections has been violated or compromised. You have the right to file a written complaint with our office or with the Department of Health and Human Services, Office of Civil Rights regarding violations of the privacy provisions of this notice or the policies and procedures of our office. We will not retaliate against you should you file a complaint.

Attn: Privacy Officer
Dermatology Associates, Ltd.
18425 West Creek Dr. Ste. F
Tinley Park, IL 60477
(708)444-8300

Office for Civil Rights
US Dept of Health & Human Services
233 N. Michigan Ave. Ste. 240
Chicago, IL 60601
(312)886-2359 FAX (312)886-1807 TDD (312)353-5693

