

Deerfield Dermatology Associates, Ltd.  
707 Lake Cook Road, Suite 280  
Deerfield, IL 60015

## **HIPAA Notice of Privacy Practices**

Effective Date: September 23, 2013

This notice describes how information about you may be used and disclosed and how you may have access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Contact: *Robyn*.

This **Notice of Privacy Practices** describes how Deerfield Dermatology and our health care professionals, employees, volunteers, trainees and staff may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are described in this notice. We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. **This notice applies to all records of your care generated by this practice.**

This notice also describes your rights to access and control your medical information. This information about you includes demographic information, that may identify you and that relates to your past, present or future physical, mental health or condition and related health care services. Typically your medical information will include symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment.

We are required by law to protect the privacy of your medical information and to follow the terms of the Notice of Privacy Practices that is currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all medical information that we maintain at that time. The revised Notice of Privacy Practices will be posted on our website at [www.deerfelddermatology.com](http://www.deerfelddermatology.com) and will be provided to you on your next visit or mailed in the next annual mailing, whichever comes first.

**How we may use and disclose YOUR medical information based upon your written consent:** We at Deerfield Dermatology will ask you to sign a consent form. Once you have consented, your medical information may be used and disclosed by our practice and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your medical information may also be used and disclosed to pay your health care bills and to support the operation of our practice. The following are examples of different ways we use and disclose medical information:

- **Medical Treatment:** We may use and disclose medical information about you to provide, coordinate, or manage your medical treatment or any related services. This includes the coordination or management to other physicians who may be treating you, such as a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your medical information to another physician or health care provider such as a laboratory, pharmacy, etc.
- **Payment:** We may use and disclose medical information about you to obtain payment for the treatment and services you receive from us. For example, we may need to give your health insurance plan information about your treatment plan so that they can make a determination of eligibility or to obtain prior approval for planned treatment.
- **Healthcare Operations:** We may use or disclose medical information about you in order to support the business activities of Deerfield Dermatology. These activities include, but are not limited to, reviewing our treatment of you, provider or employee performance reviews, training of medical students, licensing, health insurance contracting, medical review, legal services, auditing functions, conducting or arranging for other management and general administrative business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name, address, phone number and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also call to confirm your appointment or call regarding an outstanding balance on your account. If you are not home, we will leave a message on your machine. We may use or disclose your medical information to remind you of your next appointment, or to set up your next appointment.

We may share your medical information with a third party "business associate" that performs activities for Deerfield Dermatology, such as vendors, subcontractors, and hybrid entities as defined by Department of Health and Human Services (HHS) HIPAA Privacy Rules. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that asks the "business associate" to protect the privacy of your medical information.

We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your medical information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact **our privacy contact** to request that these materials not be sent to you.

- **Other permitted and required uses and disclosures that may be made with your consent, authorization or opportunity to object:** We may use and disclose your medical information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your medical information. If you are not present or able to agree to the use or disclosure of the medical information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical information that is relevant to your health care will be disclosed.

Unless you object, we may disclose to a member of your family, a relative or close friend your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical information to notify or assist in notifying a family member or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your medical information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

With your consent, we may contact you regarding fund raising, use of and disclosures of PHI for marketing purposes, and sales of PHI. We will provide you written authorization which will explain your rights and the use of your health information. You may opt-out from receiving communications by notifying us before you sign our Privacy Notice, by phone, fax, or email or in writing. Uses and disclosures not described in this Privacy Notice will be made only with your authorization.

- **Revocation of Authorization:** You may revoke permission to use or disclose your health information, in writing, at any time. Upon revocation, Deerfield Dermatology will no longer use or disclose your health information for the purpose previously authorized unless otherwise a new written authorization is signed by you.
- **Emergencies:** We may use or disclose your medical information for emergency treatment. If this happens, Deerfield Dermatology shall try to obtain your consent as soon as reasonable after the delivery of treatment. If the practice is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, Deerfield Dermatology may still use or disclose your medical information.
- **Communication Barriers:** We may use and disclose your medical information if the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and in our professional judgment you intended to consent to use or disclosure under the circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:** We may use or disclose your medical information in the following situations without your consent or authorization. These situations include:

- **Required by Law:** We may use or disclose your medical information when federal, state or local law requires disclosure. You will be notified of any such uses or disclosures.
- **Public Health:** We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling diseases, injury or disability.
- **Communicable Diseases:** We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government agencies to oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information to the governmental entity authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence as is consistent with the requirements of applicable federal and state laws.

- **Food and Drug Administration:** We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose medical information in the course of any judicial or administrative proceeding, when required by a court order or administrative tribunal, and in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) in response to a court order, subpoena, warrant, summons or otherwise required by law, (2) to identify or locate a suspect, fugitive, material witness or missing person, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Deerfield Dermatology, and (6) medical emergency (not on Deerfield Dermatology premises) and it is likely that a crime has occurred.
- **Coroner, Funeral Directors, and Organ Donation:** We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- **Research:** We may disclose your medical information to researchers, when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information, has approved their research.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your medical information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military Activity and National Security:** If you are a member of the armed forces, we may use or disclose medical information (1) as required by military command authorities, (2) for the purpose of determining by the Department of Veterans Affairs of your eligibility for benefits, (3) for foreign military personnel to the appropriate foreign military authority. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the protective services to the President or others legally authorized.
- **Workers' Compensation:** We may disclose your medical information as authorized to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.
- **Inmates:** We may use or disclose medical information if you are an inmate of a correctional facility and Deerfield Dermatology created or received your health information in the course of providing care to you.
- **Required Uses and Disclosure:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

**The Following is a Statement of your Rights with respect to your medical information and a brief description of how you may exercise these rights.**

- **You have the right to inspect and copy your medical information.** This means you may inspect and obtain a copy (paper/electronic) of medical information about you that has originated in Deerfield Dermatology. We may charge you a reasonable fee for copying and mailing records.

After you have made a written request to our **privacy contact**, we will have 30 days to satisfy your request. If we deny your request to inspect or copy your medical information, we will provide you with a written explanation of the denial.

Under federal law, however, you may not inspect or copy psychotherapy notes. In some circumstances, you may have a right to have the decision to deny you access reviewed. Please contact our **Privacy Contact** if you have any questions about access to your medical record.

- **You have the right to request a restriction of your medical information.** You may ask us not to use or disclose all or part of your medical information for the purposes of treatment, payment or healthcare operations. You may restrict disclosure of PHI to a health plan (or any person other than the health plan) when you pay for the treatment at issue out of pocket in full. You have the right to determine which services you want to pay out of pocket. You may also request that part of your medical information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this *Notice of Privacy Practices*. You must state in writing the specific restriction you want to apply.
- **Deerfield Dermatology is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of your medical information.** In such case your medical information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of the restriction unless it is needed to provide emergency treatment. Your written request must be specific as to what information you want to limit and to whom you want the limits to apply. The request should be sent to our **Privacy Contact**.
- **You may have the right to request to receive confidential communications from us at a location other than your primary address.** We will try to accommodate reasonable requests. Please make this request in writing to our **Privacy Contact**.
- **You may have the right to have Deerfield Dermatology amend your medical information.** If you feel that medical information we have about you is incorrect or incomplete, you may request we amend the information. If you wish to request an amendment to your medical information, please contact our **Privacy Contact** in writing to request our form *Request to Amend Health Information*. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us.
- **You have the right to receive an accounting of disclosures we have made, if any, of your medical information.** This applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this *Notice of Privacy Practices*. It excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. To receive information regarding disclosures made for specific time periods no longer than six years and after April 14, 2003, please submit your request in writing to our **Privacy Contact**. We will notify you in writing of the cost involved in preparing this list.
- **You have the right to obtain a copy of this notice from us by contacting our Privacy Contact:** *Robyn*.
- **You have the right to be notified following a breach of unsecured PHI.**

We protect your personal information, written, verbal or electronic, to the highest standard and within required by law, but we cannot guarantee loss and unauthorized access, destruction, use, modification or disclosure of your health information. In case we are aware that your PHI has been compromised, we will conduct a risk assessment to know the nature and extent of PHI involved, the type of unauthorized person or entity who used the PHI or to whom the data was disclosed, whether the PHI was actually acquired or viewed, and the extent to which risk to the PHI has been mitigated. We will notify you of breach of your personal and health information except: when risk assessment establishes that there is a "low probability" of compromise of health information or one of the existing exceptions to the definition of the breach applies (i.e., unintentional good faith acquisition, access, or use of PHI by a workforce member; inadvertent disclosure between two individuals who are otherwise authorized to access the PHI; or disclosure to an unauthorized person who would not reasonably have been able to retain such information).

**Other Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.** Other uses and disclosures of your medical information not covered by this notice or required by law will be made only with your written authorization. You may revoke this authorization, in writing, at any time, except to the extent that Deerfield Dermatology has taken an action in reliance on the use or disclosure indicated in the prior authorization.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our **Privacy Contact:** Robyn, in writing, to Deerfield Dermatology Associates, Ltd, 707 Lake Cook Road, Suite 280, Deerfield, IL 60015. You may file a complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Phone: 1-312-886-1807, TDD 1-312-353-5693. We will not retaliate against you for filing a complaint.

It is the policy of Deerfield Dermatology Associates, Ltd. that all medical records shall be preserved according to legal authority as delineated by the Illinois State Medical Society. While Illinois does not have a statute of limitations on retaining medical records, the statute of limitations on damages should be used as a guide for medical record retention. Therefore it is the policy of Deerfield Dermatology Associates, Ltd., to retain all medical records for a period of eight years after the most recent patient care.