

Advanced Dermatology of Westchester, PLLC

Notice of Privacy Practices

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective Date of this Notice: April 15, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (as a patient of this practice) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY PRIOR TO SIGNING HIPAA CONSENT FORM.

OUR OBLIGATIONS AND COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individual protected health information. 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 privacy of your protected health information
- Give you this notice of our legal duties and your rights concerning your protected health information
- Follow the privacy practices as described in this notice that is currently in effect.

PATIENT RIGHTS

You have certain rights under the federal privacy regulations. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to look at or get copies of your protected health information, not including psychotherapy notes
- The right to receive confidential communications concerning your medical condition and treatment
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice
- The right to file a complaint if you believe your privacy rights have been violated

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of permission. However, your decision to revoke the authorization will not affect or undo any use or disclosure of health information that occurred before you notified us of your decision to revoke permission.

Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to laboratories, pharmacies, doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the

information to provide you with medical care. This may include your spouse, children or parents who may be assisting in your care.

Health Care Operations: We may use and disclose Health Information in order to conduct day-to-day activities, certain business and operational activities. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we will call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your Health Information, as necessary, to contact you by telephone, mail or email to remind you of your appointment or notify you that a follow-up appointment is needed.

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Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, your health insurance may request information to determine coordination of benefits, eligibility, medical necessity, and pre-authorization for treatment. When appropriate, we may share Health Information with a person who is involved in the payment for your care such as your spouse, family or significant other.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

SPECIAL SITUATIONS

Healthcare Oversight Activities: We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Serious Threats to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected Health 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 protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Public Health and safety Risks and Reporting: We may disclose Health Information to public health authorities or government agencies that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Reporting the potential abuse or neglect of an adult patient including domestic violence
- Preventing or controlling diseases, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition

- Reporting certain communicable diseases to the state's public health department
- Notifying a person if a product or device they may be using has been recalled
- Reporting reactions to drugs or problems with products or devices

Research: Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment of those who received another for the same condition. Before we use or disclose Health Information for research, the project will go through a special permit researcher to look at records to help them identify patients who may be included in their research project as long as they do not remove or take a copy of any Health Information.

Organ and Tissue Donation: If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation; and transportation.

Coroners, Medical Examiners, and Funeral Directors: We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

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Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protection the information requested.

Required by Law: We may use or disclose your Protected Health Information when we are required to do so by law. For example, we must disclose your protected Health Information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your Health Information when authorized by workers' compensation or similar laws.

Law Enforcement: We may disclose your Protected Health Information to law enforcement officials if it is:

- Regarding a crime victim in certain situation, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- 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, location or victim(s) of the crime, or description, identity or location of perpetrator

National Security: We may disclose your Protected Health Information to federal officials for intelligence and national security activities authorized by law in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

REQUESTS TO RESTRICT PROTECTED HEALTH INFORMATION

You may request that we restrict how protected health information about you is used or disclosed for treatment, health care operations or payment. We are not required to agree to this restriction, but if we do, we shall honor that agreement.