

HIPPA Compliance Statement

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review carefully.

I. Dermatology of Cape Cod's Legal Obligations

Dermatology of Cape Cod (The Practice) understands that medical information about you and your health is personal, and we are committed to protecting your medical information.

This notice talks about ways in which we may use and disclose medical information about you. It also talks about your rights and certain obligations we have regarding the use and disclosure of medical information.

We are providing you with this information to comply with the Privacy regulations issued by the Department of Health and Human Services, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Dermatology of Cape Cod is required by law to ensure that medical information that identifies you is kept private, and to give you notice of our legal duties and privacy practices with respect to medical information about you and to follow the terms of the notice that is currently in effect.

The medical information or "Protected Health Information" (PHI) that is referred to in this notice includes any information which makes you identifiable include; name, address, social security number, insurance information, diagnosis and any clinical information included in your medical record.

II. This section describes our practices policies, which extend to:

Any health care professionals, staff and other personnel that work for or, with our practice.

Our business associates (facilities to which we refer patients, billing agency).

- **Ways in which this office may use or disclose PHI without your authorization:**

III. We may disclose your PHI for the following reasons:

1. **Payment:** We may use and disclose PHI about you to insurance companies or other third party payors for the purpose of billing and collecting for services you receive at Dermatology of Cape Cod. We may also tell your health plan, employer and or referring physician about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
2. **Appointment and patient recall reminders and health related benefits and services:** We may use and disclose PHI to contact you as a reminder that you have an appointment or that you are due to receive periodic care from the practice, this may be by telephone, in writing or by e-mail, and may involve leaving a voice message on an answering machine which could potentially be retrieved by others.
3. **Business Associates:** Some services in our practice are provided through contracts with business associates. We may disclose PHI to our business associates so they can perform the job we have requested and bill a third party for services rendered.
4. When required by federal, state, local law administrative or legal proceedings, health oversight activities, by law enforcement or military services: We may provide PHI in response to subpoena, discovery request or other legal proceeding. Disclosure of PHI regarding victims of abuse, neglect or domestic violence.
5. **Workers Compensation:** We may release medical information about you for Worker's Compensation or similar programs.
6. **Office Training:** We may use and disclose your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. Doctors, nurses, practitioners and other practice personnel for review and learning purposes. Our accountant, attorney, consultants in order to comply with the laws that govern us.

You may object to the following use and disclosure:

- Disclosures to family, friends or others. We may disclose to a family member, friend or other person that you indicate, unless you object in whole or in part, health information relevant to that person's involvement in your care or payment related to your care.

All other uses and disclosures require your prior written authorization.

- Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke your permission and we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made before we received your revocation, and that we are required to retain our records of the care that we provided to you.

III. Right you have regarding your PHI:

Your have the following rights regarding PHI about you:

1. **Right to inspect and copy:** You have the right to inspect and copy PHI that we retain on your behalf. To inspect and copy medical information that may we used to make decisions about you, must be submitted in writing and signed by you or your authorized representative. If you request a copy of the information, we may charge a reasonable fee in accordance with Massachusetts General Law for copying and the costs of postage and supplies associated with your request. You may obtain a request form from our medical records coordinator at 508-563-2550. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and denial.
2. **Right to Amend:** If you feel that the medical information we have about you in your record is incorrect or incomplete, you may request us to amend the information. You have the right to request and amendment for as long as the Practice maintains your medical record. We may not amend information that was not created by our practice or is accurate or incomplete information. You must request in writing and submitted to: Medical Records Coordinator, Dermatology of Cape Cod, 37 Edgerton Dr., North Falmouth, MA 02556. The amendment request must be signed by your or your authorized representative and must state the reason for the amendment/correction request. You may request the amendment request form from our medical records coordinator at 508-563-2550.

3. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request regarding restrictions on disclosure, however. Your request should be in writing and indicate the information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply. To request restrictions you should send requests to: Medical Records Coordinator, Dermatology of Cape Cod, 37 Edgerton Dr., North Falmouth, MA 02556.
4. **Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example; only contact you at work, do not leave voice mail, etc. To request confidential communications you must make your request in writing specify how or where you wish us to contact you. You should send your request to: Medical Records Coordinator, Dermatology of Cape Cod, 37 Edgerton Dr., North Falmouth, MA 02556.
5. **Right to paper copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

If you believe your privacy right has been violated, you may file a complaint with: Privacy Officer, Dermatology of Cape Cod, 37 Edgerton Dr., North Falmouth, MA 02556. All complaints must be submitted in writing and will be investigated. You may also file a complaint with the United States Secretary of the Department of Health and Human Services at the Office for Civil Rights, U.S. Department of Health and Human Services, JFK Building, Room 1875, Government Center, Boston, MA 02203. There will be no retaliation for filing a complaint.

V. **Changes to Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of current notice in our office. The amended notice will include the effective date on its first page.

VI. **Acknowledge of Receipt of Notice:** You will be asked to sign an acknowledgement form that you received this notice of Privacy Practices.

VII. **For further information:** If you have questions or need further assistance regarding this policy, you may contact the Privacy Officer, Dermatology of Cape Cod, 37 Edgerton Dr., North Falmouth, MA 02556.

