

**LEHIGH VALLEY DERMATOLOGY ASSOCIATES, LTD.**  
**NOTICE OF PRIVACY PRACTICES**

*Date of Last Revision: April 4, 2018*  
*Effective Date: Immediately*

*This information is made available on request by a patient*

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

*This Practice is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Audrey Kovacs – Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com).*

**UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you have an appointment at our Practice, a record of your visit is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. Understanding what is in your record and how your health information is used helps you to ensure it is accurate, better understand who may access your health information, make more informed decisions when authorizing disclosure to others.

This notice describes our Practices privacy policies, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, etc.);
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

**OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:**

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- make sure that the protected health information about you is kept private;
- provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the conditions of the Notice that is currently in effect.

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**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore, we may and most likely will, disclose medical information about you to doctors, nurses, medical assistants, certified nurse assistants, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including but not limited to: your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside of the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at our Practice may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, facilitate payment of a referring physician, or the like.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many patients to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our insurance claims management, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for our training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Practice including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Practice. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.
- **Appointment and Patient Recall Reminders.** We may ask that you sign in writing at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve sending an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others. We also may provide you with information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communication that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communication from us.

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- **Emergency Situations.** In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

**OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION**

- **Business Associates.** There are some services provided in our Practice through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Many services provided to you, as part of your care at our Practice, are offered by one of our providers, Laser Technician, Medical Assistant or Certified Nurse Assistant.
- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** 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.
- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to the Practice so that the foundation may contact you in raising money for the Practice. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Practice.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes regarding medications, efficiency of treatment protocols and the like. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived in accordance with federal law.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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- **Reporting** Federal and state laws may require or permit the Practice to disclose certain health information related to the following:
  - *Public Health Risks.* Law or public policy may require us to disclose health information about you for public health purposes, including:
    - Prevention or control of disease, injury or disability
    - Reporting births and deaths;
    - Reporting child abuse or neglect;
    - Reporting reactions to medications or problems with products;
    - Notifying people of recalls of products;
    - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
    - Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  - *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include 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.
  - *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you 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, to obtain an order protecting the information requested or we may release the information without notification if the subpoena is accompanied with a court order.
  - *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement.** We may disclose health information requested by a law enforcement official when required or authorized to do so by federal, state or local law:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Practice; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

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- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information. This release would be 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; (3) for the safety and security of the correctional institution.
- **State and Law Restrictions.** HIV, Drug and Alcohol Abuse, Mental Health. In the case of HIV Related information, records of drug or alcohol abuse treatment, or mental health records from a mental health provider, special protections apply under Pennsylvania Law. With certain exceptions, your permission is generally required by law to release this information.

**OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information 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 health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information 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 with your permission, and that we are required to retain our records of the care that we provided to you.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although your health record is the property of this Practice, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.

*You must submit your request in writing to Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for this Practice.

*You must submit your request in writing to Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for the Practice; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

*You must submit your request in writing to Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). Your request must state a time period which may not be longer than*

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six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**You have a right to request restrictions to your health insurance carrier.** Patients have the right to withhold protected health information (PHI) and encounters from their insurance carriers when you pay for the services out of pocket and if the disclosure is for the purposes of carrying out payment or health care operations and not otherwise required by law; and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

*You must submit your request in writing to Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.*

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

*You must submit your request in writing to Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

- **Right to be advised of a Breach.** You have the right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
- *You may obtain a copy of this Notice at our website, [www.lehighvalleyderm.com](http://www.lehighvalleyderm.com).*

To obtain a paper copy of this Notice, contact our office or ask for a copy at your next visit.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Practice and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Practice administrator.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact Audrey Kovacs- Regulatory Compliance Manager at [audrey@lehighvalleyderm.com](mailto:audrey@lehighvalleyderm.com). All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**