



DERMATOLOGY
CENTER of
SOUTHERN
INDIANA, P.c.

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to perform treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We are required by law to maintain the privacy of Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information. Furthermore, we are required to abide by the terms of this Notice of Privacy Practices. The Dermatology Center of Southern Indiana may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices by mail. You may also receive any revised Notices by accessing our website at www.HOOSIERDERM.com or by asking for one at the time of your office appointment. Revised Notice of Privacy Practices will also be posted in our front office.

1. Uses and Disclosures of Protected Health Information

A. Uses and Disclosures of Protected Health Information Based upon Your Written Consent

You will be asked by the Dermatology Center of Southern Indiana to sign a treatment consent form. By signing the consent form, you will have consented to the disclosure of your protected health information for treatment, payment and health care operations. Your physician will use or disclose your protected health information as described in this section.

Your protected health information may be used and disclosed by your physician, our office staff 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 protected health information may also be used and disclosed to pay your health care bills and to support the operations of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the Dermatology Center of Southern Indiana is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types or uses and disclosures that may be made by our office once you have provided consent.

TREATMENT: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination of management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency

that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or render treatment.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (such as a physician that specializes in a particular field of medicine or a laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it pays or pays for the health care services we recommend for you such as: (1) making a determination of eligibility or coverage for insurance benefits; (2) reviewing services provided to you for medical necessity; (3) and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

HEALTH CARE OPERATIONS: We may use or disclose, when necessary, your protected health information in order to support the business activities of your physician's practice. These activities are not limited to, quality assessment activities, employee review activities, training of medical students or nursing students or students in the healthcare fields, licensing or marketing activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students or nursing students or students in the healthcare field that see patients at our office while in attendance with your physician. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name 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 use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (such as billing, transcription services) for the practice. Whenever an arrangement between The Dermatology Center of Southern Indiana and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected information. Our business associates must assure us that they will respect the confidentiality of your personal and identifiable health information.

We may use or disclose your protected health information, when necessary, 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 protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice, or about new services that our practice will be offering. We may also send you information about products or services that we believe might be beneficial to you. If you do not wish to receive these types of materials, please contact our Privacy Contact.

B. 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 protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person YOU IDENTIFY, your protected health 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 as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate the uses and disclosures to family or other individuals involved in your health care.

EMERGENCIES: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as possible after the emergency treatment is completed. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to get your consent and cannot obtain your consent, the physician may still use or disclose your protected health information in order to render treatment to you.

COMMUNICATING BARRIERS: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so. The physician may determine, using their professional judgement, that you intend to consent to use or disclose under the circumstances. For example: A patient comes to the office that speaks little English. The patient and physician attempt to communicate, but the language barrier cannot be broken. The patient knows why he has come for treatment, by pointing to the area and indicating concern or pain.

C. 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 protected health information in the following situations without your consent or authorization. These situations include:

REQUIRED BY LAW: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

PUBLIC HEALTH: We may disclose your protected health information in connection with certain public health reporting activities. For example, we may disclose information to a public health authority authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the

Occupational Safety and Health Administration and the Environmental Protection Agency, among other agencies.

COMMUNICABLE DISEASES: We may disclose your protected health 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 protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensing or disciplinary actions, etc. Over sight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

ABUSE or NEGLECT: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

FOOD and DRUG ADMINISTRATION: We may disclose your protected health 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 FDA regulated products, to enable product recalls, to make repairs or replacements, etc.

LEGAL PROCEEDINGS: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent that such disclosure is authorized), in response to a subpoena, discovery request or other lawful process (under certain conditions).

LAW ENFORCEMENT: We may also disclose, under certain conditions, protected health information for law enforcement purposes, such as (1) pursuant to court ordered warrants, (2) limited information requests for identification and location purposes, (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 the practice, and (6) medical emergencies (not on the Practice's premises) and it is likely that a crime has occurred.

CORONERS. FUNERAL DIRECTORS. and ORGAN DONATION: We may disclose protected health 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 as authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties or in reasonable anticipation of death. Protected health information may be used and disclosed for organ, tissue, eye donation purposes and for such persons who will their body to medical schools.

RESEARCH: We may disclose your protected health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

THREAT to HEALTH and SAFETY: Following 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 serious and imminent threats 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.

MILITARY ACTIVITY and NATIONAL SECURITY: We may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting lawful national security and intelligence activities, including, but not limited to, protective services for the President or other legally authorized persons, under certain conditions.

WORKERS' COMPENSATION: Your protected health information may be disclosed by us, as authorized by law, to comply with workers' compensation laws and other similar programs established by law.

INMATES: We may use or disclose your protected health information under certain conditions if you are an inmate of a correctional facility, such as if disclosure is necessary to provide health care to you.

D. Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other than as stated above, the Dermatology Center of Southern Indiana will not disclose your protected health information other than with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken action in reliance upon the authorization.

II. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making health care decisions about you.

Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in anticipation of, or for use in, a civil, criminal, administrative action or proceeding, or protected health information that is subject to law that prohibits access to protected health information. A decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health 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. Your request must state the specific restriction and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment. With this in mind, please discuss with your physician any restriction you wish to impose.

You have the right to request to receive confidential communications from us by alternate means or at an alternative location. You may wish to be called at a certain number that you have provided. You may request for us not to leave a message if we can not speak to you directly. You may request that we not call you at work. We will accommodate reasonable requests. We may also make a condition upon this notification arrangement by asking you how payment will be handled or specifying an alternative address or other method of contact. Please make this request in writing to our Privacy Contact. The Dermatology Center of Southern Indiana uses a voice messaging system that calls patients to confirm appointments. The system we currently use is called HouseCalls by TeleVox. If you do not want the Dermatology Center of Southern Indiana to remind you of your appointment using TeleVox, please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you, in writing, any such rebuttal. Please contact our Privacy Contact, if you have a question about your medical record.

You have the right to receive an accounting of certain disclosures of your protected health information made by the Dermatology Center of Southern Indiana. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, disclosures made to friends or family members involved in your care or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Contact. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.

You have the right to obtain a paper copy of this notice, upon request, even if you agreed to accept this notice electronically.

III. Complaints

If you believe that your privacy rights have been violated by us, you may complain either to the Dermatology Center of Southern Indiana directly or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Contact either in writing or by telephone using the contact information below. You will not be retaliated against in any way for filing a complaint.

IV. Effective Date

This notice was published and becomes effective for the Dermatology Center of Southern Indiana on 14 April 2003.

V. Contact Information

Dermatology Center of Southern Indiana's contact person for aU issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Contact.

Information regarding matters covered by this Notice can be requested by contacting the Privacy Contact. If you feel that your privacy rights have been violated by this facility, you may submit a complaint to our Privacy Contact by sending it to: Dermatology Center of Southern Indiana, P.C., Attn: Privacy Contact, 1010 West Second Street, Bloomington, Indiana 47403. Our Privacy Contact may also be contacted by telephone at 812.339.6434.

