



**DERMATOLOGY ASSOCIATES
OF KENTUCKY, P.S.C.**

250 FOUNTAIN COURT
LEXINGTON, KY 40509
(859) 263-4444
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NOTICE OF PRIVACY PRACTICES

Effective May 1, 2017

This notice describes how your personal health information (PHI) may be used and disclosed as a patient of Dermatology Associates of Kentucky (DAK), your rights regarding use of PHI, and how you may access PHI that DAK may have on file, as is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health provisions of the American Recovery and Reinvestment Act of 2009 (ARRA).

DAK is required by law to maintain the confidentiality of personal health information that could be used to identify you, and to notify you and the Department of Health and Human Services of any unauthorized breach of your privacy with the potential to cause harm. We are also required by law to provide you with this notice of our legal duties and privacy practices. Any use of your PHI must be consistent with the terms of this notice.

If you have questions about your personal health information or need further information about DAK's privacy policies, please contact:

Privacy Officer • Dermatology Associates of Kentucky, PSC
250 Fountain Court • Lexington KY 40509
Phone: 859-263-4444

USE OF YOUR PERSONAL HEALTH INFORMATION

DAK may use your personal health information for the following reasons:

Treatment: Our practice will use your PHI to diagnose and treat you. We may write prescriptions and communicate with your pharmacy to order prescriptions. We may disclose your information to family members or caretakers who accompany you during appointments. We may communicate your PHI to other physicians and healthcare providers with whom you have a relationship, such as your primary care physician, for the purpose of case management and care coordination. We may access your PHI to advise you of potential treatment options or alternatives.

Payment: DAK may use or disclose your PHI in order to bill and collect payment for services. We may communicate with your insurer to verify eligibility and benefits, file claims, or provide details regarding your treatment to determine if your insurer will cover or pay for your treatment. We may use and disclose your PHI to third parties who may be responsible for costs, such as family members, the guarantor of your account, or your insurance policy holder.

Healthcare Operations: Our practice may use your records in the operation of our business for purposes such as reviewing the competence or qualifications of healthcare professionals, to assess the quality of care you received, or for training, accreditation, certification, licensing, or credentialing activities.

Benefits and Services: DAK may use your PHI to contact you to remind you of appointments, the need for follow up care, or to inform you of benefits and services that may be of interest to you or individuals involved in your care via phone, text, and email.

USE AND DISCLOSURE OF YOUR PHI UNDER CERTAIN LEGALLY REQUIRED CIRCUMSTANCES

DAK may use or disclose your PHI when required by law, including under the following special circumstances:

Research: We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to 1.) use the data set only for the purposes for which it was provided, 2.) ensure the confidentiality and security of the data, and 3.) not identify the information or use it to contact any individual.

Minors: We may disclose the protected health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

After your death: To persons involved your care or payment for care before your death, if not contrary to prior expressed objections. To coroners and medical examiners to assist in identifying a deceased person, to determine cause of death, or for other duties authorized by law. To funeral directors as necessary to perform their duties, including disclosures made in reasonable anticipation of the individual's death. For all other uses related to decedent information, if authorized by the executor or administrator of the estate.

For public health risks, such as:

- Reporting disease, injury, or disabilities
- Vital events statistics (e.g, births and deaths)
- Conducting public health surveillance, investigations, and interventions
- To report child abuse, neglect, or domestic violence as required by state law
- For investigation of suspected victims of elder or disabled abuse or neglect
- To the Food and Drug Administration (FDA) for reports about the quality, safety, or effectiveness of an FDA-regulated product or activity
- To report adverse events to food or dietary supplements, product defects or problems, including the use or labeling of a product
- To enable product recalls, repairs, or replacements, including locating and notifying individuals who have received the product
- To advert a serious health threat to health or safety

Abuse, Neglect, or Domestic Violence: We may disclose PHI to the appropriate government authority if we believe the patient has been a victim or abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities: Civil or criminal investigations, inspections, licensure, or disciplinary actions, or other activities, including government benefit-program eligibility determinations or government regulatory programs (such as Medicare).

Legal Proceedings: In response to a court order, subpoenas, or other lawful process in conformance with federal notice requirements and with state laws. We may also use your records to defend ourselves in the event of a lawsuit.

Law Enforcement: DAK may disclose PHI to comply with a court order or court-ordered warrant, subpoena, or summons issued by a judicial officer, judge or a grand jury; to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person; to notify law enforcement about the commission and nature of a crime; or acting in good faith that the PHI constitutes evidence of criminal conduct occurring on its premises.

Military and Veterans' Activities: As deemed necessary by military command authorities to ensure proper execution of a mission where appropriate notice has been made in the Federal Register.

National security: To authorized federal officials conducting lawful intelligence, counterintelligence, or other national security activities authorized under the National Security Act.

Inmates: To correctional institutions or law enforcement officials about lawfully detained individuals if necessary to provide care to the individual or to protect the health and safety of the individual, other inmates, officers, or employees, either at the institution or while transporting the individual.

Disclosures for Workers' Compensation: To comply with laws relating to Workers' Compensation or programs that provide benefits for work-related injuries or illness without regard to fault.

Business Associates: We may disclose to our business associates who perform functions on our behalf to provide us with services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

Organ and Tissue Donation: If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals involved in your care or payment for your care: Unless you object, we may disclose, to a member of your family or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare. 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.

Disaster Relief: We may disclose your PHI to disaster relief organizations to coordinate your care or notify family and friends of your location or condition in a disaster.

Fundraising Activities: We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

Confidential Communications: You have the right to request that DAK communicate with you about health issues using a particular method or at a certain location; for example, you may ask that we not contact you at work, or contact only your cell phone number. Requests must be submitted in writing. Our practice will accommodate all reasonable requests.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of PHI for treatment, payment, or healthcare operations. You have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care. For your convenience, the Patient Information form you are required to complete for registration includes a place to indicate who is authorized to speak with us regarding your private information. We are not required to agree to your request; if we do agree, we are bound by our agreement except where otherwise required by law, in emergencies, or in order to treat you.

A patient who pays out of pocket in full for a service has the right to restrict disclosure of his or her PHI to a health plan, but only if the PHI restricted by the patient pertains solely to a healthcare item or service purchased by that individual.

All such requests for restrictions must be made in writing, and must include a) the information you wish restricted; b) whether you are requesting limits to use, disclosure, or both; and c) to whom you want the limits to apply.

Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical and billing records. To inspect or obtain a copy of records, you may complete and sign a release of information form that DAK will provide, or you may simply make a written request that includes your signature, what information should be included, where you would like the records sent, and if desired, an expiration date on your request. DAK will provide one copy of your records to you at no charge. Copies of all records are available on paper, usually within 30 days of your request. For any information maintained in an electronic format known as electronic health records (EHR), you have the right to request an electronic copy of your record be transmitted to you or another individual or entity. We will make every effort to provide access to your information in the format you request if it is readily producible in such format. If the format you requests is not readily producible, it will be provided in either our standard electronic format or a readable hard copy form.

For additional requests, we may charge a fee for the cost of postage, labor, and supplies. If DAK denies your request for records, you may request a review of our denial with another licensed healthcare professional chosen by the practice.

Amendment: If you believe your records held by DAK are incorrect or incomplete, you may submit a written request for an amendment, which includes reasons to support the request. Requests may be denied if not submitted in writing, if the information was not created by our practice, or if we believe the request would compromise the accuracy and completeness of the record.

Breach notification: You have the right to be notified of a breach of your Protected Health Information.

Accounting for disclosures: Patients have the right to request an "accounting of disclosures," or list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of routine care and billing is not required to be documented. All requests must be in writing and must state a time period of no more than 6 years from the date of disclosure.

Right to a Paper Copy of Notice: You are entitled to receive a paper copy of this notice of privacy practices. You may ask us to give you a copy of this notice at any time.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our administrator, Joy Hayes, at 859-977-2294, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Right to Provide Authorization for Other Use or Disclosure: Any use or disclosure of your PHI not described in this policy will require written authorization from you. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason described in the authorization. Please note, we are required to retain records of your care for 10 years after your last date of service.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

If you have any questions regarding this notice or about our health information policies, please contact our administrator at 859-977-2294.