



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

- I. We are required by law to protect the privacy of your health information often referred to as protected health information or “PHI” which may include individually identifiable information that relates to your past/present/future physical or mental health condition and provision of health care and/or past/present/future payment for health care. We are required to provide you with a copy of this notice describing the privacy practices and legal duties and to explain how, when, and why *The Dermatology Center of New Jersey* may use or disclose your protected health information. The Dermatology Center recognizes and respects your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this notice currently in effect. We reserve the right to change this notice from time to time and to make the Notice effective for all PHI we maintain. You can always obtain a copy of our most current notice by contacting the Privacy Officer. If you have questions or want additional information regarding subjects covered in the notice, contact The Dermatology Center of New Jersey, 745 US Hwy 202/206, Bridgewater, NJ 08807, 908-393-9755 or email dcnj@solidrelay.com.
- II. **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION** The following categories describe different ways that we may use or disclose medical information about you. For each category, we have provided some examples: • **Treatment** means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers, regarding your care and referrals for care from one provider to another. For example, your dermatology doctor may disclose your protected health information to a primary care doctor if he/she is concerned that you have a health problem. We also may, for example, allow one specialist within our practice who treats you to see the electronic medical reports from other specialists within the Dermatology Center who have treated you, or we may, for example, allow all the physicians in *The Dermatology Center* who examine you to see certain entries in your electronic medical records such as vital signs, allergies, and medications, so that we may provide more coordinated care to you, and avoid adverse treatment interactions. • **Payment** means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. We may also provide PHI to outside billing companies and others that process health care claims. • **Health Care Operations** means the support functions that help operate *The Dermatology Center* such as quality improvement studies, case management, responding to patient concerns, and other important activities. For example, we may use your PHI to evaluate the performance of the staff that cared for you or to determine if additional services are needed.
- III. **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION** In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may also use your information in the following ways: • **Appointment Reminders and Health-Related Benefits or Services.** We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you. • **Disclosures to Family, Friends, and Others.** We may disclose your PHI to family, friends, and others identified by you as involved in your care or the payment of your care. We may use or disclose PHI about you to notify others of your general condition. We may also allow friends and family to act or you and pick-up prescriptions, etc. when we determine it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures. • **To Avoid Harm.** As permitted by law and ethical conduct, we may use or

disclose protected health information if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual. • **Events & Marketing Activities.** We may contact you as part of our marketing or office activities as permitted by law. You have the right to opt out of receiving such communications. • **Research Purposes.** In certain circumstances, we may use and disclose PHI to conduct medical research. Certain research projects require an authorization which will be made available to you prior to using your PHI. • **Law Suits & Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other process by others involved in the dispute. We will only disclose information with assurance that efforts were made to inform you about the request or to obtain an order protecting the information requested. • **Required by Law Enforcement.** We may release health information about you if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a death we believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or the identity/description/location of the person who committed the crime. • **Disaster Relief.** When permitted by law, we may coordinate our uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure to the Red Cross or a similar organization. • **To Employers.** In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the hospital as required by applicable law. Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

IV. • **Worker's compensation.** We may disclose PHI about your work-related illness or injury to comply with worker's compensation laws. • **Public health activities.** We routinely disclose information about you for public health activities to: - Prevent or control disease, injury or disability; - Report births and deaths; Report child abuse or neglect; - Persons under the jurisdiction of the Food & Drug Administration for activities related to product safety and quality and to report reactions to medications or products; - Notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease; - Notify government agencies if we believe an adult has been the victim of abuse, neglect, or domestic violence, if the adult patient agrees or when required by law. • **Health Oversight Activities.** We may disclose information to government agencies that oversee our activities. These activities are necessary to monitor the health care system and benefit programs, and to comply with regulations and the law. • **National Security.** We may disclose PHI to authorized officials for national security purposes such as protecting the President of the United States or other persons, or conducting intelligence operations. • **Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correction facility or law enforcement officials. This would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution. • **Other Uses of Your Health Information.** Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures 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 authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

V. **YOUR RIGHTS** You have the following rights with respect to your protected health information: Right to Request Limits on Uses and Disclosures of your PHI. You have the right to request restrictions to how we use and disclose your PHI. Your request must be in writing, and sent to the Privacy Officer. We will review your request but we are not required to agree to your request. We are, however, required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations, as necessary. You may not limit the uses and disclosures that we are legally required or allowed to make. Right to Request Confidential Communications. You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your home address, or asking that we contact you by mail rather than telephone. To request confidential communications, you must specify your instructions in writing on a form provided on request. You must specify where and how you wish to be contacted. We will accommodate all reasonable requests. Right to Inspect and Obtain Copies of your Protected Health Information. In most cases, you have the right to inspect and obtain copies of protected health information used to

make decisions about your care, subject to applicable law. To inspect or copy your medical record, you must make a request in writing to the Privacy Officer. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request. Right to Amend your Protected Health Information. If you believe that the protected health information, we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to the Privacy Officer, and specify a reason that supports your request. We may deny your request for an amendment subject to applicable law. Right to Obtain a List of Disclosures we have made. You have the right to request an “accounting of disclosures” of your protected health information. Your request must be made in writing and include a time period no longer than six years prior to the date of the request. There are several exceptions to the disclosures we must account for. Examples include disclosures for treatment, payment, and health care operations; those made to you; those made as a result of an authorization by you; and those made for national security or intelligence purposes. Requests for an accounting of disclosures must be made in writing to the Privacy Officer. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the cost of providing it. We will notify you of the cost before processing your request so you may withdraw or modify your request before costs are incurred. **Right to Be Notified of Breaches.** You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Federal privacy laws and rules.

- VI. **COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with us, please contact the Privacy Officer, *The Dermatology Center*, 745 US Hwy 202/206, Bridgewater, NJ 08807, 908-393-9755 or by email at dcnj@solidrelay.com. We will not take action against you for filing a complaint.