

NOTICE OF PRIVACY PRACTICES OF CHAPEL HILL DERMATOLOGY, P.A.

**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

Effective Date: **05/20/2018**

If you have any questions about this notice, please contact the Chapel Hill Dermatology, P.A. Privacy Officer at (919) 942-3106.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Chapel Hill Dermatology, P.A. (“CHD”).
- Any health care professional authorized to enter information into your medical record maintained by CHD.
- Any persons or companies with whom CHD contracts for services to help operate our practice and who have access to your medical information.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

A. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from CHD. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by CHD, whether made by CHD personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than CHD.

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

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at CHD, and your legal rights with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all personal health information (PHI) that we maintain. If we change this Notice, we will provide you with a revised notice by:

- Posting the revised notice in our office;
- Making copies of the revised notice available upon request; and
- Posting the revised notice on our website www.chapelhilldermatology.com.

B. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Federal law requires us to protect the privacy of your PHI. In addition, North Carolina law protects not only your rights of privacy, but also your relationship with your physician or physician's assistant. State law restricts the disclosure of your health information in many instances. However, we may disclose your health information under State and Federal law for treatment, payment and health care operations, pursuant to a court order, or as otherwise may be permitted or required by law.

1. North Carolina state law and Federal law allow us to use and disclose your PHI for the purposes of providing treatment to you, obtaining payment for those services, and for health care operations. These purposes are described below.

- **For Treatment.** We need to use and disclose your PHI to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we need to use and disclose your PHI, both inside and outside our system, when you need a prescription, lab work, an x-ray ordered, or to provide you with other health care services. In addition, we need to use and disclose your PHI when referring you to another health care provider.
- **For Payment.** Generally, we need to use and give your PHI to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may need to share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your health plan or policy and for approval of payment before we provide the services. We may also need to share certain medical information about you with the following: insurance companies, health plans, and their agents, which may be responsible for payment of your health care bills; others who are responsible for your bills, such as your spouse or a guarantor of your bills, as necessary for us to collect payment; collection departments or agencies, or attorneys assisting us with collections; and consumer reporting agencies (e.g., credit bureaus).
- **For Health Care Operations.** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run CHD and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services CHD should offer, and what services are not needed. We may also disclose information to doctors, nurses, physicians assistants, medical assistants, technicians, and other personnel affiliated with CHD for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without

learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.

2. How we may use and disclose your PHI under other circumstances without your authorization or an opportunity to agree or object.

We may use and/or disclose your PHI for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. The circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the use and/or disclosure is necessary for public health activities.* For example, we may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. We are also required to report information to the North Carolina Melanoma Registry about melanoma patients whom we treat. We may also report adverse reactions to medications or problems with products to their manufacturers.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose your PHI in response to an order of a court or administrative tribunal.
- *When the disclosure is for law enforcement purposes.* For example, we may disclose your PHI in order to comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, or poisonings.
- *When the use and/or disclosure relates to decedents.* For example, we may disclose your PHI to a coroner or medical examiner to help determine the cause of death, or for the purposes of identifying you should you die.
- *When the use and/or disclosure is made for the purpose of facilitating organ, eye or tissue donation and transplantation.* If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation to facilitate their activities.
- *When the use and/or disclosure is to protect against a serious threat to health or safety.* For example, we may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *When the use and/or disclosure relates to correctional institutions and other law enforcement custodial situations.* For example, in certain circumstances, we may disclose your PHI to a correctional institution having lawful custody of you.
- *When the use and/or disclosure is required under North Carolina's laws regarding workers' compensation.* For example, in certain circumstances, we may disclose your PHI regarding a work-related injury or illness to your employer and your employer's workers' compensation carrier.

3. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you by telephone call, email, or text to provide a reminder to you about an appointment you have for treatment or medical care.

4. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your health care. For example, we may call you to give you biopsy or laboratory results. We may contact you to tell you about treatment options, services, products and/or other health care providers.

C. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

1. You have the right to request restrictions on uses and disclosures of PHI about you.

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your medical information. To request restrictions, make your request in writing to CHD's Privacy Officer. 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.

You have the right to request that we restrict the use and disclosure of PHI about you, but we are not required to agree to your requested restrictions in most circumstances. In addition, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.2 of the previous section of this Notice.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to CHD. If you pay the charges for those services you do not want disclosed *in full at the time of such service*, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we can no longer agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

2. You have the right to request confidential communications.

We may communicate with you about your PHI by telephone, in writing through the U.S. mail, or electronically by e-mail or texts. 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, you can ask that we only contact you at work or by U.S. mail, or at mailing address other than your home address. We will accommodate all reasonable requests. To request confidential communications, make your request in writing to CHD's Privacy Officer at (919) 942-3106.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of your medical and billing record. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI, if you agree in advance to the form and to cover the cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of your PHI by contacting by contacting CHD's Privacy Officer at (919) 942-3106.

4. You have the right to request amendment of certain parts of your PHI.

You have the right to request that we make amendments to your medical record. Your request must be in writing and must explain your reason(s) for the request. We may deny your request if: 1) the information was not created by us; 2) the information is not part of the records used to make decisions about you; 3) we believe the information we have is correct and complete. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received the PHI and who need the amendment. You may request an amendment by contacting by contacting CHD's Privacy Officer at (919) 942-3106.

5. You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain disclosures we have made of PHI about you. You may ask for disclosures made up to six (6) years before your date of request.

The list we provide to you will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by contacting by contacting CHD's Privacy Officer at (919) 942-3106.

6. You have the right to breach notification.

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

7. You have the right to a paper copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting by contacting CHD's Privacy Officer at (919) 942-3106.

D. CONTACTS FOR QUESTIONS AND COMPLAINTS

If you need more information about our privacy practices or have questions about this Notice, if you think we have violated your privacy rights, or if you want to complain to us about our privacy practices, you can contact CHD's Privacy Officer at (919) 942-3106. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information can be found at the website for the Office of Civil Rights at www.hhs.gov/ocr.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.