

request before any cost have been incurred. You have the right to request that we communicate with you in a certain manner or at a certain location regarding services provided by **ADC**. For example, you may ask that we only contact you at work, by mail, or that we not leave a voice mail. To request **confidential communications**, you must submit it in writing to the **ADC** Privacy Officer. Your request must specify how or where you wish us to contact you.

You have the right to a paper copy of this Notice. You may ask **ADC** to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically.

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please file them with:

ADC Privacy Officer
4480 Centerville Road
White Bear Lake, MN 55127-3674
651-484-2724

You also, may file a complaint with the Secretary of the Department of Health and Human Services.

ADC reserves the right to change this Notice at any time. **ADC** reserves the right to make the Revised or changed Notice effective for all health information we currently have as well as any information we may receive in the future. We will post a current copy of this Notice in the reception areas of **ADC**. The Notice will contain on the first page, the date of the last revision and the effective date.

ADC is required to abide by the terms of this Notice.

If you do not cancel or reschedule your appointment within 24 hours, you may be assessed a \$50.00 charge.



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revised Date: April 30, 2019

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

ADCderm.com

Advanced Dermatology Care, Medical, Cosmetic and Surgery, P.A., hereinafter, (ADC), provides this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability Accountability Act of 1996 (HIPAA). We understand that your medical information is personal to you, and we are committed to protecting the information about you.

This notice applies to all of the records of your care generated by **ADC** or an associated facility.

ADC is permitted to make uses and disclosures of protected health information for **treatment, payment and health care operations**, which extend to:

- Any **health care professional** authorized to enter information into your chart including physicians, physician assistants, training of medical residents, medical assistants, and medical support staff.
- **ADC** may share health information about you to people outside of **ADC** who may be **involved in your medical care**, this may include: referring physicians and primary care clinics; your family members or others who are involved in your medical care or who help to pay or pays for your care.
- All areas of the practice (front desk, administration, medical records, pharmacies, billing and collection); **ADC** may ask you to sign your name to a sign-in sheet and we may call your name in the waiting room when you have an appointment.
- **ADC** may contact you to make you aware of **services**, programs, new products that we believe would be beneficial to you.
- **ADC** may disclose health information to your

pharmacy and/or pharmacist for authorization for prescriptions and/or prescription refills.

- **ADC** may disclose your health information to others for **payment** and reimbursement. In these cases, **ADC** will enter into an agreement to ensure that only the necessary health information will be disclosed for payment. **ADC** may send you an itemized bill that identifies you, your diagnosis, treatment and supplies used in the course of treatment.
- All employees, staff and other personnel that work for or perform services for **ADC** and have a written agreement with **ADC**.
- **ADC** may contact you by phone, electronic message or mail to remind you of any future appointments.
- **ADC** may disclose health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **ADC** is permitted to disclose medical information about you when required to do so by **federal, state or local law**.
- **ADC** may disclose medical information for **research** or scientific purposes. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. **ADC** may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave **ADC**.
- **ADC** may disclose health information to the appropriate government authorities if we believe that there is a **serious threat** to your

specific health, or the health and safety to another person. **ADC** may disclose health information if we believe a patient has been a **victim of abuse, neglect, and or domestic violence**. This information would only be made to someone able to prevent the threat or when required by law.

- **ADC** may disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate **organ or tissue donation** and transplantation.
- **ADC** may disclose health information for **workers' compensation** or similar programs. These programs provide benefits for work-related injuries or illness.
- **ADC** may disclose health information to **coroner or medical examiner**. This may be necessary to identify a deceased person or determine the cause of death. **ADC** may also disclose health information to **funeral directors** as necessary to carry out their duties.
- If you are an **inmate** of a correctional institution or under the custody of a law enforcement official, **ADC** may disclose health information to this institution. This disclosure would be to provide you with health care, to protect your health and safety or the safety of others and for the safety of the correctional institution.

ADC may disclose your health information for **public health activities**, to include:

- To prevent control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; and

- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

ADC may disclose health information to a local, state or federal agency for activities authorized by law. These oversight activities are necessary for the government and other regulatory agencies to monitor the health care system government programs, and compliance with civil right laws.

If you are involved in a **lawsuit or a dispute** **ADC** may disclose health information to a court or administrative order. **ADC** may disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if we receive authorization from you.

ADC may release health information about you to authorized **federal officials** for intelligence, counter intelligence, and other national security activities authorized by law. **ADC** may disclose health information about you to authorized federal officials so they may provide protection to the President, and other authorized persons or foreign heads of state or conduct special investigations.

ADC may disclose health information if asked to do so by **law enforcement**, to include:

- To comply with a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain circumstances we unable to obtain the person's agreement;
- About a death **ADC** believes may be the result of criminal conduct;
- About criminal conduct that **ADC** believes to

have occurred at; **ADC**

- In emergency situation, to report a crime, location of the crime and the identity, description of the person who committed the crime.

Other uses and **disclosures not covered** in this Notice will be made only with the individual's written authorization and the individual may revoke such authorization at any time. If you revoke your authorization, **ADC** will no longer use or disclose health information as covered by your written authorization.

Patient rights regarding Health Information - You have the following rights regarding your Health Information we maintain about you. You have the right to put **restrictions or limitations** on how **ADC** uses and discloses health information for treatment, payment and health care operations. **ADC** is **not required** to agree with your request and **ADC** may not be able to comply with your request. If **ADC** does agree, **ADC** will comply with your request unless the information is needed to provide emergency treatment. To request a restriction or limitation you must do so in writing and submit it to the **ADC** Privacy Officer.

You have the right to **inspect and copy** your health information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing by completing the appropriate form provided by **ADC** and submitting it to the **ADC** Privacy Officer. If you request a copy of your health information, **ADC** may charge a fee for the costs of copying, mailing and preparing your request.

ADC may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you

may request the denial to be reviewed by a licensed health care professional chosen by **ADC**. The person conducting the review will not be the person who denied your request.

ADC will comply with the outcome and recommendations from the review.

If you feel that your health information **ADC** has about you is incorrect or incomplete, you may request that we **amend** your information. You have the right to request an amendment for as long as **ADC** maintains your medical records. To request an amendment, you must submit it in writing by completing the appropriate form provided by **ADC** and submitting it to the **ADC** Privacy Officer.

ADC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with **ADC**.

You have the right to request an **accounting of certain disclosures** we make of your health information. This is a list of the disclosures we made of medical information about you, to others for purposes other than treatment, payment or healthcare operations.

To request an accounting disclosure you must submit your request in writing by completing the appropriate form provided by **ADC** and submitting it to the **ADC** Privacy Officer. Your request must state a time period not longer than six (6) years, and may not include dates before April 14, 2003. The first accounting request within a twelve (12) month period will be free. For additional accountings, **ADC** may charge you for the costs providing the accounting. **ADC** will notify you of the cost involved and you may choose to withdraw or modify your