



OHIO SKIN CENTER

DERMATOLOGY • SURGERY • COSMETICS

HIPAA Privacy Policy

OHIO SKIN CENTER

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 READ IT CAREFULLY

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing related information. Respect for our patients' health information and the privacy thereof is highly valued at Ohio Skin Center ("Ohio Skin" or "we"). Not only is it what our patients expect, it is the right way to conduct health care.

The Health Insurance Portability & Accountability Act of 1996 (the "Act") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential in accordance with the Privacy, Security, Breach Notification and Enforcement Rules at 45 C.F.R. Parts 160 and 164 (the "HIPAA Rules"). This Act gives you, the patient, the right to understand and control how your personal health information is used.

As required by HIPAA, we prepared this explanation of how Ohio Skin is required by law to maintain the privacy of your health information and to provide you with notice of Ohio Skin's legal duties and privacy practices with respect to your health information. Some examples of personal health information include information about your past, present or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number or phone number. Ohio Skin is required to abide by the terms of the Notice currently in effect as may be modified by applicable law or as otherwise agreed to by you and Ohio Skin.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

There are some situations when Ohio Skin does not need your written authorization before using your health information or sharing it with others as briefly explained below. For more information regarding your rights please see the information provided at: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

For Treatment: Ohio Skin may use or disclose your health information to provide, coordinate and manage your treatment or services. We may disclose your health information to other doctors, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in your care. We may communicate your information either orally, in writing by mail, or facsimile. We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. For example, your health information may be provided to a care provider to whom you have been referred so as to ensure that the doctor has appropriate information regarding your previous treatment and diagnosis.

For Payment: We may disclose health information about your treatment and services by Ohio Skin to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you.

For Health Care Operations: We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to, quality assessment activities, employee review, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. In addition, we may also call you by name in the waiting room when your care provider is ready to see you. We may use or disclose your health information, as necessary, to contact you to remind you of your appointment by telephone, reminder card, text message, or email.

Business Associates: We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us are considered our business associates.

General Uses and Disclosures: We may use or disclose your health information to the extent that law requires the use or disclosure for the following purposes and as more fully permitted or required under the HIPAA Rules: (i) public health activities and purposes to a public health authority; (ii) to a person/company subject to the jurisdiction of the U.S. Food and Drug Administration (FDA); (iii) 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; (iv) to a public health authority that is authorized by law to receive reports of abuse or neglect; (v) to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections; (vi) in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal; (vii) for law enforcement purposes; (viii) to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law; (ix) if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (x) use or disclose the health information of individuals who are Armed Forces personnel and to disclose your health information to authorized federal officials for conducting national security and intelligence activities; (xi) to comply with workers’ compensation laws and other similar legally established programs and/or as may be required by your workers compensation insurance coverage; (xii) if you are an inmate of a correctional institution or under the custody of a law enforcement official to such institutions; (xiii) for research purposes; (xiv) to provide legally required notices of unauthorized access to or disclosure of your health information that may include appropriate governmental agencies; (xv) to the Secretary of the Department of Health and Human Services to investigate or

determine Ohio Skin's compliance with the requirements of applicable law and regulations; (xvi) proof of immunization to a school about a student or prospective student of the school, as required by State or other law; and (xvii) if you need emergency treatment or if we are required by law to treat you. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

II. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED WITHOUT AUTHORIZATION BUT WITH AN OPPORTUNITY FOR YOU TO OBJECT.

We may use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. Please direct any written objections or restrictions to the Privacy Officer.

Appointment Reminders: We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or health care with Ohio Skin.

Test Results and Other Protected Health Information: In order to communicate with you regarding your health care, we may leave messages on your answering machine or with family or friends who may answer your phone with test results and other health information.

Treatment Alternatives/Health-Related Benefits: We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you and about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release your health information about you to any person Ohio Skin determines, in Ohio Skin's reasonable discretion, to be involved in your care and/or payment. In addition, we may disclose your health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

III. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR AUTHORIZATION

The following use and disclosures of your health information will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes (except as permitted or required under the HIPAA Rules);
- Uses and disclosure of your health information for marketing purposes, unless the marketing is either: (a) a face-to-face communication made by Ohio Skin to you; or (b) a promotional gift of nominal value provided by Ohio Skin; or as otherwise may be permitted by the HIPAA Rules;
- Disclosures that constitute a sale of your health information, except as permitted under the HIPAA Rules; and
- Other uses and disclosures not permitted or required as set forth in this Notice or as required under the HIPAA Rules or applicable federal or state law.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

IV. PATIENT RIGHTS.

Right to Inspect and Copy Records: You have the right to inspect and copy your health information that is contained in a “Designated Record Set” as defined under the HIPAA Rules. To inspect and copy your health information, you must submit your request in writing to the Privacy Officer. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing and other supplies associated with your request as permitted by applicable law including, without limitation, the HIPAA Rules and any applicable state law. We may deny all or part of your request to inspect and copy your health information in certain very limited circumstances as set forth under the HIPAA Rules or other applicable state or federal law. Any denials shall be made in writing, containing a statement concerning your rights and the process for filing a complaint with Ohio Skin and/or to the Secretary of the federal Department of Health and Human Services.

Right to an Electronic Copy of Electronic Medical Records: You have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every reasonable effort to provide access to your health information in the form or format you request if it is readily producible in such form or format. If your health information is not readily producible in the form or format you request, your records will be provided in either Ohio Skin’s standard electronic format or if you do not want this form or format, a readable hard copy form. Ask the Privacy Officer what is required to make the request. We will provide the copy within thirty (30) days of your request. We may charge a reasonable, cost based fee as permitted under the HIPAA Rules.

Right to Amend Records: If you feel that the health information We possess about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment under certain conditions permitted under the HIPAA Rules and if this occurs, you will be notified of the reason for the denial.

Right to An Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your health information made by Ohio Skin in the six years prior to the date on which the accounting is requested. Such right to accounting, however, does not extend to disclosures made to you, pursuant to an authorization, incident to a use or disclosure otherwise permitted or required, for treatment, payment and health care operations, to family members or friends involved in your care, for notification purposes, for national security or intelligence purposes, to correctional institutions or law enforcement officials in custodial situations, or as part of a limited data set in accordance with applicable law. To request an accounting of disclosures to which you are entitled, you must submit your request in writing to Ohio Skin’s Privacy Officer. Your request must state a time period that may not be longer than six years. The first list you request within any consecutive 12-month period will be without charge, upon your written request. For subsequent requests for an accounting within the 12-month period Ohio Skin may charge a reasonable cost based fee.

Right to Receive Notification of a Breach: You have the right to be notified no later than sixty (60) days (or sooner as required under applicable law) of the discovery of a breach of your unsecured health information if required under the HIPAA Rules or other applicable law.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information Ohio Skin uses or discloses about you for treatment, payment or health care operations. Although Ohio Skin is not required to agree to your request regarding restrictions of your health information for treatment, payment or healthcare operations (except as provided below). If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In addition, restrictions agreed to by Ohio Skin are not effective to prevent uses or disclosures permitted or required below. Your request for restrictions should be made in writing to Ohio Skin's Privacy Officer. In your written request, you should identify: (i) what information you want to limit; (ii) whether you want to limit Ohio Skin's use, disclosure or both; and (iii) to whom you want the limits to apply (for example, disclosures to your spouse, relative, etc.).

However, Ohio Skin must agree to your request to restrict disclosure of health information about you to a health plan if: (A) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (B) the health information pertains solely to a health care item or service for which you or person (other than the health plan) on your behalf, has paid Ohio Skin in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. Any such request must be made in writing to the Privacy Officer and must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to Receive a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice at your written request.

Right to Have Someone Act on Your Behalf: You have the right to name a personal representative who may act on your behalf to control the privacy of your health information.

Use and Disclosures Where Special Protections May Apply: Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice may not apply to these types of information if other federal or state laws require additional restrictions or other requirements.

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V. CHANGES TO THIS NOTICE

Ohio Skin reserves the right to change, modify or otherwise revise this Notice at any time. In addition, Ohio Skin reserves the right to make the revised or changed Notice effective for the health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Ohio Skin office. The Notice will contain on the first page, in the top right-hand corner, the effective date.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Ohio Skin or with the Secretary of the Department of Health and Human Services. To file a complaint with Ohio Skin, contact Ohio Skin's Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Neither Ohio Skin nor any of its personnel shall retaliate against you for filing such a complaint. The Secretary of the Department of Health and Human Services can be contacted at:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

VII. LEGAL DUTIES – GENERAL

Consistent with the above, Ohio Skin is required by law to maintain the privacy of health information, to provide individuals with notice of Ohio Skin's legal duties and privacy practices with respect to health information, and to notify affected individuals following a breach of unsecured protected health information.

VIII. CONTACT INFORMATION

Questions, comments and requests regarding the matters described in this Notice should be directed to the Ohio Skin's Privacy Officer.

Ohio Skin Center
999 Brubaker Drive
Suite 3
Dayton, Ohio 45429
(937) 668-9850
Attn: Privacy Officer
Or
info@ohioskin.com