

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.

I. **What This Is** This Notice describes the privacy practices of Clearview Dermatology, LLC (aka Leominster Dermatology), all employees, staff, and other personnel (the "Practice"). Privacy practices refers to the ways we may use and disclose your medical information, and certain obligations we have regarding the use and disclosure of your medical information. The notice also describes your rights regarding the use and disclosure of your medical information.

II. **Our Privacy Obligations**

We are required by law to maintain the privacy of your medical and health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). In addition, we are required by law to notify you following a breach of privacy of your PHI. If you are a minor, or otherwise incapacitated, we will notify your parent/guardian, or other person responsible for you.

III. **Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we will describe in Section IV and V below, we must obtain your written consent or authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. **Use For Treatment, Payment and Health Care Operations.** We may use (but not disclose to a third-party) your PHI in order to treat you, obtain payment for services provided to you and conduct our "health care operations" as detailed below:

- **Treatment.** We use PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. We may disclose PHI to doctors, nurses, technicians, or other health care personnel who care for you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment.** We may use PHI to obtain payment for services that we provide to you from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to get approval for treatment coverage by your plan or to determine if your plan covers that treatment. We may also give information to someone who helps pay for your care.
- **Health Care Operations.** We may use PHI for our health care operations, which are activities that are necessary to run the Practice and ensure that patients receive quality care. This includes internal administration and planning, and various activities that improve the quality and cost effectiveness of the care and customer service that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers and we may provide PHI to our office manager in order to resolve any complaints you may have and ensure that you have a pleasant visit with us. We may combine medical information about several patients so we can make decisions about what additional services we should offer, what services are unnecessary, and whether certain treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. When we do this, your identifying information may be removed.

B. **Disclosure to Relatives, Close Friends and Other Caregivers.** We may disclose PHI, other than Highly Confidential Information (described below in Section IV.B), to a family member, other relative, or a close personal friend who is involved in your care or payment for your care, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, and do not object to such disclosure after being given the opportunity to do so. We may also disclose your PHI to such person with your verbal agreement or written consent.

If you are incapacitated or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose

PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Activities. We may disclose PHI for the following public health activities:

- (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- (2) to report child abuse and neglect, elder abuse, disabled persons abuse, or rape or sexual assault to public health authorities or other government authorities authorized by law to receive such reports;
- (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration;
- (4) to notify people of recalls of products they may be using;
- (5) if we know or have reason to believe that you are infected with a venereal disease, to alert: your parent or guardian if you are a minor, unless as a minor you have the legal ability to give informed consent for your own treatment as a mature or emancipated minor and/or have sought treatment with us for such venereal disease.
- (6) to report information to your employer and/or the Massachusetts Industrial Accident Board as required under laws addressing work-related illnesses and injuries or workplace medical surveillance;
- (7) to report information related to birth and subsequent health of an infant to state government agencies as required by law;
- (8) to file a death certificate and report fetal deaths; and
- (9) to report abortions performed after 24 weeks of pregnancy to state government agencies as required by law.

D. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system or government benefit programs (such as Medicare or Medicaid).

E. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

F. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

G. Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.

H. Organ and Tissue Procurement. If you are an organ donor, we may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.

I. Research. We may use or disclose PHI without your consent or authorization for research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure.

J. Health or Safety. We may use or disclose PHI to prevent or lessen a serious danger to you or to others.

K. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

L. Ordered Examination. We may disclose PHI when required to report findings from an examination ordered by a court or detention facility.

M. As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Disclosures Requiring Your Written Consent

A. Disclosures for Treatment, Payment and Health Care Operations. With your written consent, we may disclose PHI in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below:

- Treatment. We may disclose PHI to provide treatment and other services to you—for example, we may disclose PHI to other providers involved in your treatment.

- Payment. We may disclose PHI to obtain payment for services that we provide to you—for example, disclosures to file claims and obtain payment from Your Payor, or to verify that Your Payor will pay for health care.

- Health Care Operations. We may disclose PHI for our health care operations. For example, we may disclose PHI in order to resolve any complaints you may have and ensure that you have a pleasant visit with us.

We may also disclose PHI to your health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including:

1. Your HIV/AIDS status;
2. Mental/behavioral documentation and genetic testing information;

3. Confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional, or human services professional;
4. Substance abuse (alcohol or drug) treatment or rehabilitation information;
5. Venereal disease information;
6. Abortion consent form(s);
7. Mammography records;
8. Family planning services;
9. Treatment or diagnosis of emancipated minors;
10. Mental health community program records; and
11. Research involving controlled substances. In order for us to disclose your Highly Confidential Information for a purpose related to treatment, payment, or health care operations, we must obtain your separate, specific written consent unless we are otherwise permitted by law to make such disclosure. In addition, if you are an emancipated minor, or we are treating you as a mature minor without parental consent as allowed under Massachusetts law, certain information relating to your treatment or diagnosis may be considered "Highly Confidential Information" and as a result will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification. Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's medical record (or, in certain instances, the entire medical record) may not be accessible to you.

V. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described in Section III, (for which no consent or authorization is required) and Section IV (for which your consent is required), we only may use or disclose PHI when you give us your written authorization on our authorization form ("Authorization") (an authorization form is similar to a consent form, but is more detailed and specific than a general consent form). For instance, you will need to provide us your signed Authorization before we can send PHI to your life insurance company, to your child's camp or school, or to the attorney representing the other party in litigation in which you are involved (unless the attorney has obtained a court order for such PHI).

B. Uses and Disclosures of Your Highly Confidential Information. Please refer to Section IVB above for information about our use and disclosure of your Highly Confidential Information. In order for us to disclose your Highly Confidential Information for purposes other than treatment, payment, or health care operations (for which your separate, specific consent is required), we must obtain your separate, specific Authorization, unless we are otherwise permitted by law to make such disclosure.

C. Marketing Communications. We must also obtain your written authorization prior to using PHI to send you any marketing materials ("Marketing Authorization"). We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your Marketing Authorization and we may use PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

VI. Your Individual Rights

A. Right to Inspect and Obtain a Copy of Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny your request. If you are denied access, you may ask that the denial be reviewed by a licensed health care provider at the practice. To access your records, please obtain a record request form from the Office Manager and submit the completed form to the Office Manager. If you request copies, we will charge you the allowable copying charge for such record. Certain information (for example, psychotherapy notes) may be withheld from you in certain circumstances.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. All requests for such restrictions must be made in writing. If you request such a limitation on any family member we will not be able to bill your family's health plan and you will have to be financially responsible to pay us for your care. You may not ask us to restrict disclosures that we are legally required to make. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Office Manager and submit the completed form to the Office Manager. We

will send you a written response.

· However, if you pay for services(s) in full, out-of-pocket, and you request that we not share any information about the service(s) to your health plan for purposes of carrying out payment or health care operations, we will comply with your request, unless otherwise instructed by law.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

D. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Office Manager and submit the completed form to the Office Manager. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

E. Right to Revoke Your Authorization. You may revoke your Authorization, your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, by providing a written revocation statement to the Office Manager. However, such revocation does not apply to uses or disclosures made in reliance on authorization given prior to revocation. A form of Written Revocation is available upon request from the Office Manager.

F. Right to Receive an Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$1.00 per page of the accounting statement.

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

H. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Office Manager. You may also file written complaints with the Secretary of the Department of Health and Human Services, J.F.K. Federal Building, Room 1875, Boston MA 02203, voice phone (617) 565-1340, or email OCRComplaint@hhs.gov. We will not retaliate against you if you file a complaint with us or the Secretary.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in waiting areas of the Practice and on our Internet site at www.leominsterdermatology.com. You may also obtain any revised notice by contacting the Privacy Officer.

VII. Privacy Officer If you have any questions, please contact; Privacy Officer Leominster Dermatology, LLP. Telephone Number: 978-534-0582 email officemanager@leominsterdermatology.com. 100 Hospital Rd Ste 2D Leominster, MA 01453 250 Green St #109 Gardner, MA 101 Coolidge Street Hudson, MA 01749

Email to receive a copy of privacy practices.

example@example.com

Date *

Month Day Year

Signature
