

## NOTICE OF HEALTH INFORMATION PRACTICES

### DERMATOLOGY ASSOCIATES OF WEST MICHIGAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **INTRODUCTION**

At Dermatology Associates of West Michigan, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

#### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit Dermatology Associates of West Michigan a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- \* Basis for planning your care and treatment,
- \* Means of communication among the health professionals who contribute to your care,
- \* Legal document describing the care you received,
- \* Means by which you or a third-party payer can verify that services billed were actually provided,
- \* A tool in educating health professionals,
- \* A source of data for medical research,
- \* A source of information for public health officials charged with improving the health of this state and the nation,
- \* A source of data for our planning and marketing,
- \* A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

#### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Dermatology Associates of West Michigan, the information belongs to you. You have the right to:

- \* Get a copy of your electronic medical record within 30 days of the day you requested it. This would include your medical billing records and any other records that your physician and the practice uses for making decisions about you.
- \* Amend your protected health information. You have the right to request an amendment

to your records when you disagree with the content. But at the same time, the doctor has the right to deny those requests,

- \* Obtain an accounting of disclosures of your health information. You have the right to know everyone to whom the office discloses record information for purposes other than treatment, payment, and health care operations.

- \* Request communications of your health information by alternative means or at alternative locations. You have the right to specify the manner in which you receive communication about your records or upcoming appointments,

- \* Request a restriction on certain uses and disclosures of your information. You have the right to restrict who sees your medical records such as family members or employees of this establishment.

- \* Submit a written request for DAWM to not disclose information to your health plan for a service provided by us. You must make a payment, out-of-pocket, in full, at the time of service and DAWM must agree to such a request restriction.

- \* Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **OUR RESPONSIBILITIES**

Dermatology Associates of West Michigan is required to:

- \* Maintain the privacy of your health information,

- \* Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,

- \* Abide by the terms of this notice,

- \* Notify you if we are unable to agree to a requested restriction, and

- \* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practice's policy and to make the new provisions effective for all protected health information we maintain. Should our Notice of Privacy Practices change, we will give you a revised notice during your next visit with us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Affected Individuals have the right to be notified following a breach, which is an impermissible use or disclosure of their PHI, unless it is proven that there is a low probability that their PHI has been compromised. Notice to individuals will be provided without reasonable delay and no later than 60 days after a breach is discovered via first class mail unless the individual has specified a preference for e-mail.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 616-949-5600.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address of OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

**We will use your health information for treatment.**

**We will use your health information for payment.**

**We will use your health information for regular healthcare operations.**

MOST USES AND DISCLOSURES of Protected Health Information for marketing purposes and disclosures that constitute a sale of PHI will require authorization, as well as a statement that other uses and disclosures not described in the Notice will be made only with the authorization from the individual patient. If DAWM intends to contact the patient for the purposes stated above, the patient does have the right to opt out of receiving this communication.

## **ROUTINE USE AND DISCLOSURES FOR HEALTHCARE OPERATIONS**

- \* We may contact you by phone to provide appointment reminders.
- \* We may also call you by name in the waiting room when your physician is ready to see you.
- \* We may contact you by phone or mail to provide you with test results and to provide information that describes or recommends treatment alternatives regarding your care.

## **BUSINESS ASSOCIATES**

Business Associates are non-employees, performing functions or activities, on behalf of DAWM, that involve creating, receiving, maintaining, or transmitting PHI. The Privacy Rule permits our office to disclose PHI to a business associate who performs a function or activity on behalf of, or provides a service that involves the creation, use, or disclosure of PHI, provided that DAWM obtains satisfactory assurances that the business associate will properly safeguard the information. If a business associate suspects a breach, they must report it to DAWM within 60 days of discovering that breach.

## **WORKERS COMPENSATION**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**PUBLIC HEALTH**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.