

Effective Date —April 14, 2003
University Dermatology Inc., Privacy Notice

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.

This notice describes the types of medical information or protected health information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical and healthcare information. If the practices described in this Notice meet your expectations, there is nothing you need to do. If you prefer that we do not share your medical information, we may honor your written request in certain circumstances described below. If you have any questions about this Notice, please contact the University Dermatology Inc. Privacy Officer at the telephone number and/or address listed at the end of this document.

1. Who We Are

This Notice describes the privacy practices of University Dermatology Inc. The Notice describes the practices of the people who work at each of the University Dermatology Inc. practice sites, including healthcare professionals like doctors and nurses and other personnel.

2. Our Pledge Regarding Protected Health Information

We understand that protected health information, commonly referred to as medical and healthcare information, about you is personal and its confidentiality needs to be maintained. We are committed to protecting this information.

We create a record of the care and services you receive from us and from other organizations that participate in your care. University Dermatology Inc. needs this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which University Dermatology Inc. uses and discloses protected health information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:

- Keep protected health information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to protected health information; and
- Abide by the terms of the Notice that is currently in effect.

3. How We May Use and Disclose Protected Health Information about You

The following categories describe and give examples of the different ways we are permitted or required to use and disclose your protected health information without first asking your permission or offering you the opportunity to agree or object. Not every case or disclosure in a category may be listed. Also, we can release your protected health information without your permission if we first “de identify” it such that the person looking at it will not know it refers to you.

A. For Treatment- We use your protected health information to provide, coordinate, and manage your healthcare. This will include disclosing protected health information about you to doctors, nurses, technicians, or other healthcare professionals who care for you, whether or not they are employed by University Dermatology Inc.

B. For Payment- We use your protected health information in order to bill and collect from you, your insurance company or a third party for the services you receive. We may also use your protected health information to obtain your insurer’s prior approval to provide you with certain types of care, if your insurer requires us to do this.

C. For Healthcare Operations Purposes- As permitted by Rhode Island law, we use and disclose your protected health information to support the operations of our organization. This is necessary to make sure that all of our patients receive quality care. For example, we may use your protected health information to evaluate the performance of our staff.

D. As Required by Law- We disclose protected health information about you when required to do so by federal, state, or local law.

E. Appointment Reminders- We may use and disclose your protected health information to contact and remind you of your healthcare appointments at University Dermatology Inc. entities.

F. To Advert a Serious Threat to Health or Safety- We may disclose protected health information about you when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person.

G. Public Health Activities- We may release your protected health information to appropriate authorities for public health purposes including, but not limited to, preventing or controlling disease, injury, or disability; to report child abuse or neglect; to the Food and Drug Administration (FDA) for activities relating to quality, safety, or effectiveness of FDA regulated products or activity. We may also release your protected health information for the public health purpose of alerting a person who may be at risk of contracting or spreading a communicable disease.

H. Disclosures About Victims of Abuse, Neglect, or Domestic Violence- As permitted by Rhode Is land law, we may release your protected health information in a situation where we believe you have been a victim of abuse, neglect, or domestic violence.

I. Workers' Compensation- We may release protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

J. Legal Proceedings- We may release protected health information about you during the course of legal proceedings under the following circumstances: (1) we are ordered to release the information by a court or judge; or (2) in response to a subpoena issued in the name of a court if the requirements of Rhode Island law are met.

K. Law Enforcement- We release your protected health information to a law enforcement official for a law enforcement purpose under the following circumstances: (1) as required by law; (2) if the law enforcement official needs limited information about you because of a reasonable belief that you pose a danger to yourself, a particular person, or people; (3) if it is believed you have been the victim of a crime and Rhode Island law allows us to make the disclosure; (4) as permitted by Rhode Island law, in an emergency health care situation if necessary to report a crime.

L. Health Oversight- As permitted by Rhode Island law, we may disclose your protected health information to governmental agencies authorized by law to audit, inspect, or investigate the health care system, government benefit programs, other government pro grams and civil right laws.

4. Other Uses or Disclosures of Your Protected Health Information Require Your Permission

All other uses or disclosures of your protected health information will be made only with your written authorization, consent, or after you have been given the opportunity to object and you have decided not to object. If you authorize or agree to a use and disclosure now, you can change your mind later on. If you do change you mind, you must let us know in writing. If and when you take back your permission, we will stop using or disclosing your protected health information pursuant to your written authorization to the greatest extent practical. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

5. Your Rights regarding Your Medical Information

You have the following rights regarding the protected health information we maintain about you.

A. The Right to Request Restrictions- You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment and healthcare operations. We are not required to agree to your request, but if we do agree, we are bound by the restrictions, except in limited circumstances, such as if there is an emergency. In many cases, restricting a caregiver's access to protected health information is not in the best interest of the patient. For this reason, in many cases, University Dermatology Inc. will not agree to your request.

You may also request that we not release any part of your protected health information to family members or friends who may be involved in your care. Again, we are not required to agree to your request.

To request restrictions, you must make your request in writing to the University Dermatology Inc. Privacy Officer, 593 Eddy Street. APC- 10, Providence, RI 02903.

B. The Right to Request to receive Confidential Communication- We will accommodate reasonable requests to communicate protected health information to you at a certain location or in a certain way. For example, you may ask us to contact you at work, or at a location other than your home address. If possible, please make alternative location requests at your first contact or at the time of registration. However, you may make such requests anytime thereafter. Request for alternative means of communication made after the first contact or registration must be made in writing to our Privacy Officer at the address listed above.

C. Right to Inspect and Copy- You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information gathered for research purposes, information compiled in reasonable anticipation of or use in a legal proceeding, and protected health information subject to any law that prohibits your access. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to our Privacy officer at the address listed above. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.

D. Right to Amend- If you feel that protected health information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address above. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by University Dermatology Inc.;
- Is accurate and complete.

6. Changing This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future.

7. Complaints/informational Inquiries

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. You may also file a complaint with the University Dermatology Inc. Privacy Officer at the address and phone number below.

You will not be penalized for filing a complaint, nor will you be asked to waive your rights as a condition of treatment.

Privacy Officer
593 Eddy Street
APC- 10
Providence, RI 02903
401-444-7204
University Dermatology, Inc.