

# **NOTICE OF PRIVACY PRACTICES FOR MT. LEBANON DERMATOLOGY ASSOCIATES PC: EFFECTIVE 2/1/2020**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**If you have any questions regarding this notice, you may contact our privacy officer at:**  
Mt. Lebanon Dermatology Associates, PC - Attention: Privacy Officer - 607 Washington Road, Lower Level  
Mt. Lebanon, PA 15228 - Telephone: 412-563-0217 - Fax: 412-668-0606

## **YOUR PROTECTED HEALTH INFORMATION (PHI abbreviation for Protected Health Information)**

Generally speaking, your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present or future physical or mental health condition, the provision of healthcare to you, or payment for health care provided to you. Your medical and billing records at our practice are examples of information that usually will be regarded as your PHI.

Mt. Lebanon Dermatology Associates, PC is required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of your unsecured PHI. We are required to abide by the terms of our Notice of Privacy Practices that is currently in effect. This notice replaces all prior notices and applies to all PHI that we maintain.

### **• USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

#### **A. Treatment, payment and healthcare operations**

We may use and disclose your medical records only for treatment, payment or healthcare operations purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of those uses and disclosures (Not every potential use or disclosure for treatment, payment and healthcare operations purposes is listed.)

1. **Treatment:** We may use and disclose your PHI to help us with your treatment. We may release your PHI to help other healthcare providers treat you. Treatment includes the provision, coordination, or management of health care services to you by one or more healthcare providers. Some examples of treatment and disclosure include:
  - We may share and discuss your medical information with the following:
    1. Our staff, an outside physician to whom we have referred care for you, a laboratory, radiology center or another healthcare facility with whom we are consulting regarding you, an outside home health agency or durable medical equipment agency to whom we have referred you for healthcare services, a hospital where we are admitting you or treating you or to another healthcare provider who seeks information for the purpose of treating you.
  - We may leave messages with immediate family members or on an answering machine regarding appointment reminders, laboratory results, biopsy results, or medication requests and refills. We may leave specific information such as the attending doctor's name, the name of the medication requested to be refilled, or the date and time of your impending appointment.
  - We may send you a postcard via US mail to remind you of a needed follow-up appointment.
  - We may conduct training programs for medical students and resident and/or other students.
2. **Payment:** We may use and disclose your PHI for our payment purposes, as well as the payment purposes of other healthcare providers and plans. Payment uses and disclosures include activities conducted to obtain payment of the care provided to you or so that you can obtain reimbursement for that care. Some examples follow:
  - Sharing information with your health insurer to determine whether you are eligible for coverage or whether the proposed treatment is a covered service.
  - Provide supplemental information to your health insurer so that they can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
  - Providing medical records and other documentation to your health insurer to support the medical necessity of a service or for a medical necessity or quality review audit.
  - Sharing information with another healthcare provider who seeks it to obtain payment for healthcare services provided to you.
  - Mailing bills in envelopes with our practice name and return address.
  - Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
  - Emailing you (to the email address indicated in your account) about past due bills.

3. **Healthcare operations:** We may use or disclose your PHI for our healthcare operation purposes as well as certain healthcare operation purposes of other healthcare providers and health plans. Some Examples follow:

- Accreditation, certifications, licensing and credentialing activities, quality assessment and improvement activities, population based activities relating to improving health or reducing healthcare costs, reviewing the competence, qualification or performance of healthcare professionals, conducting training programs for medical and other students, healthcare fraud and abuse detection and compliance programs, sharing information regarding patients and entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice, other business management/general administrative activities, such as compliance with the federal privacy rule and resolution of grievances.

#### **B. Uses and disclosures for other purposes:**

We may use and disclose your PHI for other purposes. This section generally describes those purposes by category. Not every use or disclosure in a category will be listed. Some examples fall into more than one category (not just the category under which they are listed).

1. **Individuals involved in care or payment for care:** We may disclose your PHI to someone involved in your care or payment for your care such as a parent, a spouse, a family member, or a close friend. An example would be discussing your physical limitations after surgery with your family.
2. **Notification purposes:** We may use and disclose your PHI to notify a person responsible for your care regarding your location, general condition or death. We may disclose your PHI to disaster relief entity, such as the Red Cross, so that it can notify a family member involved in your care.
3. **Required by law:** As required by federal, state, or local law, we may disclose PHI to comply with mandatory reporting requirements. An example is child abuse reporting purposes.
4. **Other public health requirements:** As required by law, PHI may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, or disability prevention or control. An example is communicable disease reporting.
5. **For the purpose of reporting abuse, neglect or domestic violence.** An example is reporting elder abuse to the Department of Aging.
6. **For the purpose of health oversight activities that are authorized by law:** Examples include audits, inspections and investigations such as a DEA inspection of records.
7. **Judicial and administrative proceedings:** We may use and disclose PHI in response to a court order subpoena, discovery request or other lawful process. An example would be complying with a court order to testify in a case at which your medical condition is at issue,
8. **Law enforcement purposes:** An example would be to comply with legal process such as a search warrant, gunshot wound or a crime on the premises.
9. **Coroners and medical examiners:** We may provide PHI for the purpose of identifying a deceased patient, determining COD or facilitating their performance of lawful duties.
10. **Funeral directors:** Information would be provided to the extent necessary to perform their duties.
11. **Organ and tissue donation.** We may disclose PHI to entities engaged in procurement, banking and transplanting.
12. **Threat to public safety:** An example would be the protection of a third party from harm.
13. **Specialized government functions:** We may disclose PHI for purposes involving national security.
14. **Workers' Compensation and similar programs:** PHI may be revealed to the extent necessary to comply with the law.
15. **Business Associates:** They are entities that provide services to our practice that require access to PHI of our patients in order to provide those services. To protect your PHI, we require our business associates to enter into written agreements that will appropriately safeguard the PHI they require. An example would be disclosure of PHI to our billing service.
16. **Creation of de-identified information:** For example, we may use your protected health information in the process of removing those aspects, which could identify you so that the information can be disclosed to a researcher.
17. **Incidental disclosure:** We may disclose PHI as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the reception area.

**C. Uses and disclosures with authorization:** For all other purposes which do not fall under a category listed under sections II A and IIB, we will obtain your written authorization to use or disclose your PHI. You can revoke your authorization at any time, but we are unable to retract uses and disclosures made prior to the effective date of the revocation.

- **PATIENT PRIVACY RIGHTS:** To exercise the following rights you must present a written request to the privacy officer. It must include what information to restrict; how you want it restricted; and whom to restrict.
- A.** The right to request that we further restrict use and disclosure of your protected health information or treatment, payment, or health care operations, to someone who is involved in your care, the payment for your care, or notification purposes. We are not required to agree to the request with 1 exception: self-pay services. We must agree not to disclose your PHI to health plan for payment or health care operation purposes if the information pertains solely to a health care item or service for which we have been paid in full by you or someone other than the health plan and disclosure is not otherwise required by law.

- B.** The right to receive confidential communications of PHI from us by a certain means or at a certain location. Ex: you may request that we only communicate by email or only at work. We will only accommodate reasonable requests.
- C.** The right to request amendment to your PHI if the information is incomplete or incorrect. The right is subject to limitations. To request an amendment, you submit a written request to our privacy officer. The request must specify each change and provide a reason to support each requested change.
- D.** The right to inspect and copy your PHI (medical and billing records). This right is subject to limitations and we may impose a fee for labor and supplies. You have the right to specify that records be provided in electronic format. We may charge a fee to supply the electronic media. Your request must be in writing. The request must describe the PHI requested and it must state how you want to access the information, such as inspection, pick up a copy, or mail a copy. It must also request that your PHI be directly transmitted to another person or entity. The request must be in writing and be specific as to who and where.
- E.** The right to receive an accounting of disclosure of protected health information. The right is subject to limitations such as how far back the accounting must cover and the scope of the covered disclosures. The request must be made in writing to our privacy officer. The request should designate the time period wanted.
- F.** The right to obtain a paper copy of this notice from us upon requests. Copies are available in our office reception area, on our website or by contacting our privacy officer. Requests for special accommodations regarding the notice should be directed to our privacy officer.
- G.** You have a right to receive timely written notice of a breach of your unsecured PHI.

- **CHANGES TO THIS NOTICE:** We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all PHI that we or our business associates maintain, including information that we or our business associates created or received prior to the effective date of the change. We will post a copy of our current notice in the reception area of the practice. At any time, patients may review the current notice by contacting our privacy officer or on our website. [www.mtlda.com](http://www.mtlda.com).
- **COMPLAINTS:** If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services.

To file a complaint with the practice, submit the complaint in writing to our privacy officer:

- **Address:** Mt. Lebanon Dermatology Associates, PC Attention: Privacy Officer, 607 Washington Road, Lower Level, Pittsburgh, PA 15228
- **Telephone:** 412-563-0217
- **Fax:** 412-668-0606
- **Email:** [jfunt@mtlda.com](mailto:jfunt@mtlda.com)

You may also submit complaint to the office of Civil Rights at:

- **Address:** US Department of Health and Human Services  
150 S. Independence Mall West, Suite 371  
Public Ledger Building  
Philadelphia, PA 19106-9111
- **Telephone:** 215-861-4441
- **Hotline:** 800-368-1019
- **Fax:** 215-861-4431
- **TDD:** 215-861-4440

We will not retaliate against you for filing a complaint.

- **LEGAL EFFECT OF THIS NOTICE:** This notice is not intended to create contractual or other rights independent to those created in the federal privacy rule.