

Effective Date: September 01, 2021

NEW PRESTON DERMATOLOGY

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 REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this Notice and make the new notice apply to protected health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office and on the New Preston Dermatology website newprestondermatology.com. The notice will contain the effective date on the first page, in the top right-hand corner. You also may request a revised version by calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

A. How We May Use and Disclose Your Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice.

The following are examples of the types of uses and disclosures of your protected health information that our office is permitted or required to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

For Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another health care provider. We may disclose protected health information to other health care providers who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

For Payment: Your protected health information may be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a particular medical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval for the medical procedure.

For Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, patient safety activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

We may share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services: We may use and disclose your protected health information to contact you to remind you that you have an appointment with us. We also may use and disclose your protected health information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our office to request that these materials not be sent to you.

1. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following circumstances without your authorization or providing you the opportunity to agree or object. These circumstances include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health Activities: We may disclose your protected health information for public health activities and purposes to a public health authority, other appropriate government authority, or other person who is authorized by law to collect or receive the information. These activities generally include, but are not limited to, disclosures to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; and notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and compliance with other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized by law to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by such order), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information to federal, state, and local law enforcement officials in certain circumstances, so long as applicable legal requirements are satisfied. For example, we may disclose limited protected health information to report suspected criminal conduct in certain circumstances and in response to a law enforcement official’s request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, missing person, or victim of a crime. We may also disclose protected health information in compliance with, and as limited by, the relevant requirements of a court order, subpoena, warrant, summons, or similar process.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information 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. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information prior to, and in reasonable anticipation of, death. Protected health information may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may use and disclose your protected health information for research purposes, provided certain measures are taken to protect your privacy. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Unless an exception applies, in most instances, before we may use or disclose protected health information for research, the research project will go through a special approval process.

To Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may use and disclose your protected health information, 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. We may also use and disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to the appropriate foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law. In addition, we may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state; or to conduct special investigations.

Workers' Compensation: We may disclose your protected health information as authorized by, and to the extent necessary to comply with, workers' compensation laws and other similar legally-established programs.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official if the release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the administration and maintenance of the safety, security, and good order of the correctional institution.

2. Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We also may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information in the following circumstances. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment related to such care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We also may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Fundraising Activities: We may use limited protected health information, such as your name, address, other contact information, age, gender, date of birth, dates of health care provided, department of service information, treating physician, outcome information, and health insurance status to contact you in an effort to raise money for New Preston Dermatology. You may opt out of receiving fundraising communications at any time by making a request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777.

3. Uses and Disclosures of Health Information that Require Your Authorization

Except for the purposes described above, we will use and disclose your protected health information only with your written authorization. For example, we will obtain your written authorization for:

1. uses and disclosures of your protected health information for marketing purposes, except in limited circumstances authorized by law;
2. uses and disclosures of psychotherapy notes, except in limited circumstances authorized by law;
3. disclosures that constitute a sale of your protected health information; and
4. other reasons as required by law.

Other uses and disclosures of your protected health information not covered by this Notice will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our office at New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777 and we will no longer disclose protected health information under the authorization. However, disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

B. Your Rights

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

Right to Inspect and Obtain Copy of Health Information: You have a right to inspect and obtain a copy of your protected health information that may be used to make decisions about your care or payment for your care. This generally includes medical and billing records, other than psychotherapy notes. You also have a right to request that we transmit a copy of this protected health information directly to another person designated by you. To inspect and/or obtain a copy of your protected health information, you must make your request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777. As permitted by federal or state law, we may charge a reasonable, cost-based fee for producing and mailing the copies. We may deny your request in certain limited circumstances.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a restriction or limitation on the protected health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777. Your request must state the specific restriction requested and to whom you want the restriction to apply. We will consider, but we are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full and the disclosure is not otherwise required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Amend: If you feel that the protected health information we have, that may be used to make decisions about your care or payment for your care, 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 by or for our office. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. To request an amendment, you must make your request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures of your protected health information that we made, such as disclosures of protected health information to government agencies that license us. This accounting of disclosures does not include disclosures made for purposes of treatment, payment and health care operations or for which you provided written authorization, as well as certain other disclosures. To request an accounting of disclosures, you must make your request, in writing, to New Preston Dermatology, 18 E Shore Rd., New Preston, CT 06777.

Right to 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. You may obtain a copy of this Notice at our website, newprestondermatology.com. To obtain a paper copy of this Notice, contact New Preston Dermatology at 860 339 6606.

State Privacy Rights: You may have additional privacy rights under state laws, including rights in connection with mental health/psychotherapy reports, HIV/AIDS, substance abuse treatment, and the treatment of minors.

C. Our Obligations

We are required by law to:

- Maintain the privacy of your protected health information;
- Give you this Notice of our legal duties and privacy practices regarding your protected health information;
- Follow the terms of our Notice that is currently in effect; and
- Notify affected individuals following a breach of unsecured protected health information.

D. Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

New Preston Dermatology
18 E Shore Rd.
New Preston, CT 06777

Or with the:

Office for Civil Rights
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Toll Free Call Center: 1-800-368-1019
TTD Number: 1-800-537-7697
Or email: OCRComplaint@hhs.gov

You will not be penalized for filing a complaint.

E. Contact Information

If you have any questions about this Notice, please contact: New Preston Dermatology at 860 339 6606.