



ADVANCED SCIENCE FOR BEAUTIFUL SKIN  
MGMD Dermatology ■ Michele Grodberg MD

## 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. If you have any questions about this notice, please contact Dr. Grodberg.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal and private. Your privacy is important to us. We are committed to protecting medical information about you. We create a record of the care and services you receive at our offices, including information we learn from you and from others. We need this record to provide you with quality care and to comply with our legal duties. This notice applies to all of the records of your care generated or received by the doctor or the office staff. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and our obligations about the use and disclosure of your medical information.

### **WE ARE REQUIRED BY LAW TO:**

1. Make sure that medical information that identifies you is kept private;
2. Give you this notice of our duties and privacy practices with respect to your medical information;
3. Follow the terms of this notice, effective beginning April 14, 2003.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the different ways in which we may use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give examples.

**For Treatment.** We use medical information about you to treat you. We disclose medical information about you to other doctors, nurses, technicians or health care workers who help take care of you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might disclose medical information about you to a pharmacy when we order a prescription for you. We may disclose medical information about you to people outside the office who are involved in your medical care.

**For Payment.** We may use and disclose medical information about you so that the treatment you receive may be billed to and payment may be collected from you, an insurance company, or someone else. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**To Run Our Office.** We may use and disclose medical information about you for office

operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information about you to review our treatment and services and to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose medical information about you to doctors, nurses, technicians and other personnel to assist in their health care operations or for review and learning purposes. Some examples of the kinds of health care operations covered by this category are:

- **Appointment Reminders**. We may use and disclose medical information to contact you and remind you of an appointment.
- **Treatment Alternatives**. We may use and disclose medical information to tell you about potential treatment options or alternatives.
- **Health-Related Benefits and Services**. We may use and disclose medical information to tell you about health-related benefits or services.
- **Release of Information to Family/Friends**. We may release medical information to a friend or family member if that person is involved in your care, helps pay for your care, or assists in taking care of you. For example, a parent may ask that a babysitter take their child to the office. In this example, the babysitter may have access to this child's medical information.
- **Research**. Under limited circumstances, we may use and disclose medical information about you for research purposes. For example, we may help with a research project at the hospital which compares the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have to be approved through this process; but we may disclose medical information about you to researchers preparing to conduct a project, so long as the medical information they review does not leave the office. The special rules that apply to research mean that we will typically ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.
- **Required by Law**. We will disclose medical information about you when required to by federal, state or local law.

**Special Situations**. The following categories describe special scenarios in which we may use or disclose your medical information:

- **Organ Donation**. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to help with organ or tissue donation.
- **Military**. If you are a member of the U.S. or foreign armed forces (or veteran), we may release medical information about you if required by the appropriate military command authorities.
- **Workers' Compensation**. We may release medical information for workers' compensation and similar programs.

- **To Avert A Serious Threat to Health or Safety.** We will disclose medical information when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure would only be to someone to help prevent the threat.
- **Public Health Risks.** We may release medical information about you for public health activities. These activities generally include the following:
  - preventing or controlling disease, injury or disability;
  - reporting births and deaths;
  - reporting child abuse or neglect;
  - reporting drug reactions or problems with products or devices;
  - notifying people of product recalls;
  - notifying people of potential exposure to a communicable disease;
  - notifying appropriate government authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may release medical information to a governmental health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, audits, surveys, licensure and disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may release medical information about you in response to a court or administrative order. We may also release medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we have made an effort to tell you about the request.
- **Law Enforcement.** We may release medical information if asked to by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness or missing person;
  - About the victim of a crime in certain situations, if we are unable to obtain the person's agreement;
  - About a death we believe may be the result of a crime;
  - In an emergency to report a crime and information about the crime.
- **Deceased Patients.** We may release medical information to a medical examiner or coroner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release information in order for funeral directors to perform their jobs.
- **National Security.** We may release medical information about you to authorized federal officials for intelligence and national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This

release could be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, and for the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information that we maintain about you:

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For example, you can ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Grodberg specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate all reasonable requests. We may ask you the reason for your request.

**Right to Request Restrictions.** You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose information about a procedure that you had.

***We are not required to agree to your request.***

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Dr. Grodberg. Your request must describe in a clear and concise fashion:

- (a) what information you want to limit;
- (b) whether you want to limit our use, disclosure or both; and
- (c) to whom you want the limits to apply.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical records and billing records. You must submit your request in writing to Dr. Grodberg in order to inspect or obtain a copy of your records. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect or copy in certain limited circumstances. If you are denied access to medical information, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request Amendment.** You have the right to request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our office. To request an amendment, you must submit your request in writing to Dr. Grodberg. You must provide a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the

medical information kept by our practice; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the person or entity that created the information is not available to make the amendment.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for non-treatment, non-payment or non-operations purposes. Use of your medical information as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Dr. Grodberg. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**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. To obtain a paper copy of this notice, ask the front desk.

**Right to Complain.** Your privacy is important to us. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. You may also submit a complaint in writing to Dr. Grodberg. You will not be penalized for filing a complaint.

**Right to Provide Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. (For example, if you ask us to provide records to a life insurance company.) You may revoke any such authorization at any time in writing. After you revoke your authorization, we will no longer use or disclose medical information for the reasons described in the authorization. Please note, we are required to retain records of your care.