

Hubbell Dermatology and Aesthetics, APMC

Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health provisions of the American Recovery and Reinvestment Act of 2009 (ARRA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

Acadiana Dermatology, (APMC) and a Jeuné Advanced Medical Skin Care are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of your individually identifiable health information (IH). We are also required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice any time. You can also view our Notice of Privacy Practices on our website at www.skinexpert.com.

Authorization: Without your authorization, we may not use or disclose your health information for our own marketing and we may not sell your health information. Other uses and disclosures not described in this notice will be made only with your authorization.

The terms of this notice apply to all records concerning your PHI that are created and retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practices has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. If you have any questions about this notice, please contact the Practice Manager at (337) 981-6065.

Uses and Disclosures of Health Information

In order to administer our benefit programs effectively, we collect, use and disclose PHI for certain of our activities, including payment and health care operations. We may use and disclose PHI about you for treatment, payment, and healthcare options. For example:

Treatment: We will 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 provider. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practices—including, but not limited to, our doctors and nurses—may disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

Payment: Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurance with details regarding your treatment to determine if you insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. You have the right to request that we not use or disclose your health information. If you, the patient, decide to pay for services provided by Acadiana Dermatology out of pocket, request for restriction of PHI will be granted. Otherwise, we are not required to agree to the restriction you request if payment is made by a third party other than yourself.

Health Care Operations: Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include personal healthcare providers, other clinicians, laboratories, and any other entity outside Acadiana Dermatology that uses your PHI to make medical decisions on our behalf. When these services are contracted, we may disclose your PHI out to business associate so that they can perform the job that we have asked them to do and bill you or your third-party payer for the service rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your PHI.

Appointment Reminders, Treatment options, and Sign in Sheet: Our practice may use and disclose your PHI to contact you and remind you of an appointment (such as voicemails messages, e-mails, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Our practice may use and disclose your PHI by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Health Related Benefits and Services: Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you

Marketing: Our practice may contact you to give you information about products or services related to your treatment, case management, or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not other use or disclose your medical information for marketing purposes without your written authorization.

Fundraising: We may use certain information PHI to contact you for the purposes of raising funds for Acadiana Dermatology, and you will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the programs and services we provide to the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Acadiana Dermatology.

Notification and Release of Information to Family/Friend: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to the child's medical information.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your PHI will become the property of the new owner, although you will maintain the right to request copies of your health information be transferred to another physician or medical group.

Disclosures Required by Law: Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Use and Disclosure of your PHI in Certain Special Circumstances

Public Health Risks: Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: (i) Maintaining vital records, such as births and deaths, (ii) Birth defects, (iii) Reporting child abuse or neglect, (iv) Preventing or controlling disease, injury or disability, (v) Notifying a person regarding a potential risk for spreading or contracting a disease or condition, (vi) Burn injuries, (vii) Reporting reactions to drugs or problems, (viii) Notifying individuals if a product or device they may be using has been recalled, (ix) Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, (x) Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities: Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil administrative and criminal procedures or actions; or other activities necessary for the government programs, compliance with civil right laws and healthcare system in general.

Lawsuits and Similar Proceedings: Our practice may use and disclose PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official: (i) Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement, (ii) Gunshot wounds, (iii) Concerning a death we believe has resulted from criminal conduct, (iv) Regarding criminal conduct at our offices, (v) In response to a warrant, summons, court order, subpoena or similar legal process, (vi) To identify/locate a suspect, material witness, fugitive or missing person, (vii) In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation: Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research: Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclose is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI decedents.

Serious Threats to Health or Safety: Our practice may use and disclose your PHI when necessary to reduce or prevent a serious health threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Military and National Security: Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities and to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates: Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation: Our practice may release your PHI for workers' compensation and similar programs.

Patient Rights Regarding PHI

Confidential Communications: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care. The request should specify the preferred method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both and to whom you want the limits to apply.

Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care in order to inspect and/or obtain a copy of your PHI. We have the right to charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may also deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Amendment: You may ask us to 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 or for our practice. To request an amendment, your request must be made in writing and submitted to Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care. You must provide us with a reason that supports your request for an amendment. We 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 PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures: All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares 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 Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14th, 2005. 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 File a Complaint: 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. To file a complaint with our practice, please contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures: Acadiana Dermatology, (APMC)/a Jeuné Advanced Medical Skin Care will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason described in the authorization. Please note we are required to retain records of your care.

Breach Notification: We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices relating to your health information. If there is a breach (an inappropriate use or disclosure of your health information that the law requires us to report), we must notify you. 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.