

Effective Date of this Notice: June 27, 2003

CENTER OF DERMATOLOGY, P.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our medical office is dedicated to maintaining the privacy of your medical information. We create a record of the medical care and services you receive at this office. This notice will tell you about the ways we may use and share the medical information about you. Your rights and certain duties we have regarding the use and disclosure of medical information is described below.

B. OUR LEGAL DUTY

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

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 practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. A copy of our most current notice shall be made available upon request.

C. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

We may use and disclose your individually identifiable health information (IIHI) in the following ways:

1. FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, pharmacists, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

2. FOR PAYMENT: We may use and disclose your medical information to other health care providers and business associates for billing and collection efforts.

3. FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the

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performance of employees, conducting training programs, and getting accreditation, certificates, licenses, and credentials we need to serve you.

4. FOR APPOINTMENT REMINDERS: Our office may use and disclose your medical information to contact you and remind you of an appointment.

5. FOR TREATMENT OPTIONS: Our office may use and disclose your medical information to inform you of potential treatment options or alternatives.

6. FOR HEALTH-RELATED BENEFITS AND SERVICES: Our office may use and disclose your medical information to inform you of health-related benefits or services that may be of interest to you.

7. FOR RELEASE OF INFORMATION TO FAMILY/FRIENDS: Our office may use and disclose your medical information to a friend or family member that is involved in your care, or who assists in taking care of you (e.g. parents, grandparents, guardian, or babysitter).

8. FOR DISCLOSURES REQUIRED BY LAW: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, warrant, or other lawful process, under certain circumstances. Our office will use and disclose your medical information when we are required to do so by federal, state, or local law.

D. ADDITIONAL USE AND DISCLOSURES

In addition to using and disclosing your medical information for the reasons above, we may use and disclose your medical information for the following purposes:

1. FOR PUBLIC HEALTH RISKS: Our office may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect or the abuse and neglect of an adult patient. We may notify a person who may have been exposed to a communicable disease or otherwise be at risk of spreading a disease or condition. We may under limited circumstances related to workplace injury or illness notify your employer or school administrator.

2. FOR HEALTH OVERSIGHT ACTIVITIES: Our office may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, but are not limited to, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. FOR VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: Our office may disclose your medical information if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

4. FOR MILITARY: Our office may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

5. FOR NATIONAL SECURITY: Our office may disclose your medical information for intelligence and national security activities authorized by law. We may also disclose your medical information to protect the President, other officials or foreign heads of state, or to conduct investigations.

6. FOR INMATES: Our office may disclose your medical information 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.

7. FOR WORKERS' COMPENSATION: Our office may disclose your medical information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the right:

1. TO INSPECTION AND COPIES: You have the right to inspect and obtain a copy of the medical records that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C. , 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185** in order to inspect and/or obtain a copy of your medical records. If you request copies of your medical records the charge is \$20.00 + 50¢ per page as permitted by Nebraska Law. Our practice may 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.

2. TO CONFIDENTIAL COMMUNICATIONS: You have the right to request that our office communicate with you about your medical information by different means or to different locations (e.g. home, rather than work). In order to request a type of confidential communication, you must make a written request to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.

3. TO REQUEST RESTRICTIONS: You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. We are not required to agree to these additional restrictions requested; 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 medical information you must make your request in writing to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.

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4. TO REQUEST AMENDMENTS: You may ask us to amend your medical 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 office. To request an amendment, your request must be made in writing and submitted to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185**. You must provide us with 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 or for the office; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend the information.

5. TO ACCOUNTING DISCLOSURES: You have the right to request an accounting disclosure, a list of certain non-routine disclosures our practice has made of your medical records for non-treatment, non-payment or non-operations purposes. Use of your medical information as part of routine patient care in our office is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185**. 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 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.

6. TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES: Our office 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 medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Please note...we are required to retain records of your care.

7. TO A PAPER COPY OF THIS NOTICE: You have the right to obtain a paper copy by making a request in writing to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185**. The telephone number is 402-398-9200.

F. QUESTIONS AND RIGHT TO FILE A COMPLAINT

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. To file a complaint with our office, send a written complaint to **Asher Stoller, Privacy Officer, Center of Dermatology, P.C., 10110 Nicholas Street, Suite 103, Omaha, Nebraska 68114-2185**. You may also submit a written complain to the United States Department of Health and Human Services. You will not be penalized in any way by our office for filing a complaint.