

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

New England Dermatology & Laser Center ("New England Dermatology") is dedicated to maintaining the privacy of your health information. In conducting our business, we create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required to provide you with this notice of our legal duties and the privacy practices that we maintain at New England Dermatology concerning your health information. We are required to notify affected individuals following a breach of unsecured health information. We must follow the privacy practices that are described in this Notice of Privacy Practices ("Notice") while it is in effect. This Notice takes effect October 12, 2019, and will remain in effect until we replace it.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights in your health information
- Our obligations concerning the use and disclosure of your health information

In this Notice, "health information" means health information (including identifying information) about you that we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We reserve the right to revise or amend this Notice at any time. Any revision or amendment to this Notice will be effective for all of your health information that New England Dermatology maintains, including health information we created or received before we made the changes. We 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 current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

The following categories describe the different ways in which we use and disclose health information. Please note that each particular use or disclosure is not listed below. However, the different ways in which we are permitted to use and disclose your health information generally fall within one of the categories listed below.

1. **Treatment.** New England Dermatology may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, our physicians may wish to discuss your health information in order to consider the best way to treat you for a particular condition. We generally will not disclose your health information without your consent to people outside New England Dermatology for purposes related to your treatment, except in emergency situations or in cases that may present a serious threat to the health or safety of you or others.

2. **Payment.** We may use and disclose your health information 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, so long as the policy or certificate under which the claim is made provides that access to your health information is permitted, to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.
3. **Health Care Operations.** We may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for New England Dermatology.
4. **Health-Related Benefits and Services.** We may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.
5. **Persons Involved in Your Care or Payment for Your Care.** Unless you object, we will disclose your health information to a friend or family member who is involved in your medical care.
6. **Emergencies.** In the event of your incapacity or emergency circumstances, we may disclose health information to persons involved in your care. We will use our professional judgment to determine whether the disclosure is in your best interests, and, if so, we will disclose health information that is relevant to the person's involvement in your healthcare.
7. **Disclosures Required or Permitted By Law.** We may use or disclose your health information when we are required or permitted to do so by federal, state or local law. For example, we may use and disclose health information about you to the U.S. Food and Drug Administration, health oversight agencies, medical examiners, for worker's compensation purposes, and to public health authorities charged with preventing or controlling disease, injury or disability.
8. **Lawsuits and Legal Proceedings.** If you are involved in a lawsuit or other legal proceeding, we may use and disclose your health information in response to a court order. We may use and disclose health information about you in legal proceedings without your permission or a court order when you sue any of our health care providers or staff or practice for malpractice or initiate a complaint with a licensing board against any of our health care providers.
9. **Law Enforcement.** We may use and disclose health information about you to correctional or law enforcement officials when necessary or appropriate, including in response to a court's authority, such as a court-issued order or search warrant, about a death required to be reported to a medical examiner, such as where we believe the death may be the result of violence or other suspicious or unusual circumstances, and to report a crime, the location of the crime or victims, or the identity, description, or location of the person who may have committed the crime.
10. **Abuse or Neglect, Serious Threats to Health or Safety.** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. However, if you are over the age of eighteen, we will only notify an authority if we obtain your agreement or if we are required by law to report such abuse, neglect or domestic violence. We may disclose your health information to the extent necessary to help avert a serious threat to your health or safety or the health or safety of others. Under these circumstances, we will only disclose health information to someone who may be able to help prevent or lessen the threat.
11. **Research.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information. For example, a research project might involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. In many cases, most or all the information that could be used to identify you specifically, such as your name, contact information, and medical record number, will have been removed. We will seek your consent in those cases where the health information requested includes information by which you may be specifically identified, and in those cases where the research involves any participation by you. We may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look

for patients with specific medical needs, so long as the health information they review does not leave our premises, and as long as the researchers represent that such information is necessary for research purposes.

12. **Military.** We may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
13. **National Security.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law.
14. **Inmates.** We may disclose your health 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.
15. **Authorization for Other Uses and Disclosures.** We 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 health information may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Please note, we are required to retain records of your care. We must obtain your written authorization for uses and disclosures of medical information for marketing purposes and for disclosures of medical information that constitute a sale of the information.

C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

1. **Alternative Communications.** You have the right to request that New England Dermatology 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 work. In order to request a type of confidential communication, you must make a written request to **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600** specifying how or where you wish to be contacted (such as an alternative address or telephone number). Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. 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. Even if we do agree to your request, the restriction does not apply to prior uses or disclosures of such information by New England Dermatology. We are required to agree to requests for restrictions of certain disclosures to health plans for purposes of carrying out payment or health care operations (and not for purpose of carrying out treatment), except where otherwise required by law, when the information pertains solely to a health care item or service for which we have been paid out of pocket in full by you, or by a person on your behalf, other than the health plan. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600**. Your request must describe in a clear and concise fashion:
 - a. the information you wish restricted;
 - b. whether you are requesting to limit New England Dermatology's use, disclosure or both; and
 - c. to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the health information that is originated and maintained by us, with limited exceptions. You must submit your request in writing to **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center,**

3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600 in order to inspect and/or obtain a copy of your health information. Our practice may charge a reasonable cost-based fee for the costs of copying, mailing, labor and supplies associated with your request. We 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, and we will comply with the outcome of the review.

4. **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 New England Dermatology. To request an amendment, your request must be made in writing and submitted to **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600.** 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 health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by New England Dermatology.
5. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An accounting of disclosures is a list of disclosures New England Dermatology has made of your health information for purposes other than treatment, payment health care operations, disclosures made to you or authorized by you, disclosure made to persons involved in your care or payment for your care, and for certain other purposes. In order to obtain an accounting of disclosures, you must submit your request in writing to **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600.** 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 we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** 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 at any time. To obtain a paper copy of this notice, contact **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600.**
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, Massachusetts. To file a complaint with us, contact **Stephen Ieraci, Executive Director, Privacy Officer, New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 telephone number (413) 733-9600.** All complaints must be submitted in writing. You will not be penalized for filing a complaint.

D. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Stephen Ieraci, Executive Director, Privacy Officer
New England Dermatology & Laser Center, 3455 Main Street, Springfield, MA 01107 (413) 733-9600

3455 Main St., Ste. 5
Springfield, MA 01107
(413) 733-9600

1221 Main St., Ste. 217
Holyoke, MA 01104
(413) 536-0390

21 Dwight Rd., Ste. 202
Longmeadow, MA 01106
(413) 565-5020

57 Union St., Ste. 202-203
Westfield, MA 01085
(413) 562-6189

8 Atwood Drive
Northampton, MA
(413) 586-5798