

Stones River Dermatology, PLC

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)

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED WHILE YOU ARE A PATIENT OF THIS PRACTICE. IT ALSO DETAILS HOW YOU CAN ACCESS YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE READ THIS NOTICE CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY AND CONFIDENTIALITY

Stones River Dermatology dedicates significant efforts to your privacy and the confidentiality of your individually identifiable health information (IIHI). In this dermatology practice, we create medical records regarding you and the medical services we provide to you. We are required by law to maintain the confidentiality of health information that personally identifies you. We are required to provide you with this notice of our legal responsibilities and the privacy practices we maintain to prevent unauthorized disclosure of your IIHI. Federal and state laws mandate we must follow the terms of this notice of privacy practices. Stones River Dermatology will abide by the procedures described in this notice to safeguard your health information.

The terms of this notice apply to all records containing your individually identifiable health information created and retained by Stones River Dermatology. The practice reserves the right to revise or amend this Notice of Privacy Practices. Any revisions to this notice will be effective for all your records, including those created in the past and those created in the future. This Notice of Privacy Practices will be visibly posted at all times for your review. You may also request a paper copy at any time.

WHAT IS INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI)?

Individually identifiable health information (IIHI), also called your protected health information or medical information in this Notice, is information which individually identifies you. We create such information or get it from you or from another health care provider, a health plan, your employer, or a health care clearinghouse. This information relates to (1) your past, present, or future physical or mental health or conditions, (2) your provision of health care, or (3) the past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

- **For Treatment:** Stones River Dermatology may use the health information you provide in your diagnosis and treatment. For example, Dr. Nelson may order laboratory tests to diagnose your dermatology problems. He may also order a prescription for you and disclose some of your information to the pharmacy. In addition, Dr. Nelson and the staff may also disclose information about your diagnosis to your primary doctor or other health care professionals who may assist in your treatment.
- **For Payment:** Stones River Dermatology may use and disclose your confidential information to bill and collect payment from you, your insurance company, or other third party payers for the medical services we provide. For example, we may provide your

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insurance company with information about your medical conditions to receive prior authorization for medications to treat a skin disease. We may also contact your health insurance to certify you are eligible for benefits and what treatments your health insurance will cover.

- **For Health Care Operations:** Stones River Dermatology may use your health information to assess the quality of the care you receive in our practice. This allows our practice to continually improve our patient care services to you and patients like you. We may also use your information to conduct business planning activities for our practice. In addition, we may disclose information to other medical professionals for education purposes.
- **For Our Business Associates:** Stones River Dermatology may disclose protected health information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for those functions or services. For example, we may use another company to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your individually identifiable health information.
- **For Appointment Reminders:** We may use your health information to remind you about upcoming appointments. We may leave a message on an answering machine with your permission.
- **To Discuss Treatment Options:** Stones River Dermatology may use your health information to inform you of potential treatment options.
- **To Discuss Health-Related Benefits and Services:** We may use your protected information to inform you of health-related benefits and services.
- **To Release Information to Family and Friends:** We may release medical information to a family member or friend who assists in your medical treatment outside the clinic. For example, a family member who may change a dressing after an office surgical procedure will need information about your medical condition. We may also share confidential medical information with a family member responsible for paying your medical bills.
- **To Parents of Minors:** We may disclose individually identifiable health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **To Personal Representatives:** If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your protected health information.
- **For Disclosures Required by Law:** We will disclose your information if required by federal, state, and local laws.

DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following unique circumstances may require disclosure of your individually identifiable health information.

- **Public Health Authorities:** We may disclose your IIHI to public health authorities authorized by law to collect information about:
 - Vital records, such as births and deaths
 - Reporting child abuse and neglect
 - Disease prevention or control
 - Notification of potential exposure to a communicable disease

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- Notification of the potential risk for spreading an infectious disease
- Reporting a reaction to a medication or problems with a medical device
- Notification of medical product or device recalls
- Notification of your employer if workplace injuries or illnesses are suspected to prevent future harm to others
- Reporting potential abuse or neglect of an adult patient (including domestic violence). We will not disclose such information unless the patient agrees or we are authorized by law to disclose this information.
- **Health Oversight by Governmental Agencies:** Stones River Dermatology may disclose PHI to government health oversight agencies as authorized by law. Such oversight activities may include investigations, inspections, audits, and surveys, administrative actions, civil or criminal proceedings, and other activities required by the government to monitor compliance with government programs, civil rights laws, and health care regulations.
- **Lawsuits:** We may disclose your health information in response to a court or administrative order if you are involved in a lawsuit. We will disclose your information as required by subpoenas, discovery requests, or other lawful requests by another party involved in a dispute after we inform you of the request.
- **Law Enforcement:** We will disclose health information if required by law enforcement officials in response to a valid subpoena. Examples of situations requiring disclosure include:
 - If you are a victim of a crime
 - If criminal activity is suspected at our office
 - During investigation of a death potentially related to criminal activity
 - To identify or locate a suspect, material witness, fugitive, or missing person if compelled by law enforcement
 - To report a crime (including the identity and location of the victim(s) or the identity, description, and location of the alleged perpetrator)
 - To answer a valid warrant, summons, court order, or subpoena
- **Deceased Patients:** Stones River Dermatology will release protected health information to a medical examiner or coroner in order to assist in the identification of a deceased individual. Health information may also be disclosed to assist in the determining cause of death. Funeral directors may also require protected health information to perform their jobs safely.
- **Organ and Tissue Donation:** If you are an organ donor (as we hope you are!), Stones River Dermatology may release your health information to procurement organizations responsible for organ and tissue transplantation.
- **Research:** The practice may disclose your health information for research purposes when an institutional review board has reviewed the research proposal and established procedures to ensure the privacy of your health information. Even without that special approval, we may permit researchers to look at your protected health information to help them prepare for research. For example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any of your information. We may use and disclose a limited data set not including specific readily identifiable information about you for research. We will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.
- **Medical Students and Nursing Students:** Medical students and nursing students may observe or participate in your treatment or use your health information in their

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training rotations at Stones River Dermatology. All students will sign confidentiality agreements before starting their rotations and are expected to maintain the confidentiality of your individually identifiable health information. You have the right to refuse to be examined, observed, or treated by medical students or nursing students.

- **Newsletters and Other Communications:** Stones River Dermatology may use your individually identifiable health information to communicate to you by newsletters, mailings, e-mails, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities.
- **Serious Threats to Health or Safety:** The practice may disclose your individually identifiable health information in order to reduce or prevent a serious threat to the health and safety of you, another individual, or the public. In this circumstance, we will only disclose the information to organizations able to prevent the potential threat.
- **Military Command Authorities:** If you are an active duty member of the US military, Stones River Dermatology may disclose your health information if required by appropriate authorities.
- **National Security:** If authorized by legal authority, the practice may disclose your individually identifiable health information to federal officials for intelligence and national security activities. This could include the disclosure of your information in order to protect the President of the United States or other high ranking officials.
- **Correctional Institutions:** If you are an inmate or in law enforcement custody, our practice may disclose your health information to the correctional institution or law enforcement officials to protect the safety and security of the institution and protect your health and safety while incarcerated. In addition, we will disclose information to assist the institution in your health care if you are incarcerated.
- **Workers' Compensation:** Stones River Dermatology will release your individually identifiable health information for workers' compensation programs.

YOUR HEALTH INFORMATION RIGHTS

Although your medical records are the physical property of Stones River Dermatology, you have the following rights regarding their contents.

- **Inspect and Copy:** You have the right to inspect and obtain a copy of your health information used by Dr. Nelson and Stones River Dermatology to make decisions about our medical care. This includes medical and billing records, but usually does not include psychotherapy notes. You need to submit your request in writing to Dr. Ronald Nelson of Stones River Dermatology to obtain a copy of your medical records. The practice may deny your request only under limited circumstances. You may appeal any denial to another health care provider chosen by Stones River Dermatology but not a staff member. Stones River Dermatology will abide by the opinion of this third party health care professional.
- **Confidential Communication:** You have the right to request confidential communication about your medical information in a certain way or at a certain location. For example, you may request we contact you at home and not at work regarding your medical information. Please make a written request to Dr. Ronald Nelson of Stones River Dermatology if you have a specific location or alternative method you wish to be contacted. The practice will accommodate all reasonable requests for confidential communication.
- **Request Restrictions:** You have the right to request restrictions in our use and disclosure of your health information for treatment, payment, or health care operations.

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You may request a limit on the amount and types of healthcare information we disclose about you to someone involved in your care or in payment for your medical care services, such as a family member or a friend. Any requests for a restriction must be communicated in writing to Dr. Ronald Nelson of Stones River Dermatology. We are not required to agree to restrictions. If we concur with your request, we will comply with your request unless the information is needed to provide you emergency medical treatment.

- **Restrictions on Out-of-Pocket Services:** If you paid out-of-pocket in full for a specific item or service, you have the right to request your protected health information with respect to that service will not be disclosed to a health plan for purposes of payment or health care operations. We will honor such requests.
- **Amend:** You have the right to amend your medical record if you feel your health information is incorrect or incomplete. These records will then be kept in your medical records at Stones River Dermatology. Any requests to amend your medical records should be submitted to Dr. Ronald Nelson of Stones River Dermatology with a reason indicated for the amendment. The practice may deny your request for an amendment. You will be notified of the reason for such a denial.
- **An Accounting of Disclosures:** You have the right to request a full accounting of all the disclosures of your individually identifiable health information for purposes other than treatment, payment, or healthcare operations where an authorization is not required. To request such a list of non-routine disclosures, please submit your request in writing to Dr. Ronald Nelson of Stones River Dermatology. Please include a time period for the list of disclosures, which may be not longer than six years from the date of disclosure.
- **Right to Notice of a Security Breach:** Stones River Dermatology will notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your individually identifiable health information as soon as possible, but in any event, no later than 60 days after we discover the breach. The notice will give you the following information:
 - a short description of what happened, the date of the breach and the date it was discovered
 - the steps you should take to protect yourself from potential harm from the breach
 - the steps we are taking to investigate the breach, mitigate losses, and protect against further breaches
 - contact information where you can ask questions and get additional information

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website.

- **Provide an Authorization for Other Uses and Disclosures:** Stones River Dermatology will seek your written authorization for uses and disclosures not identified by this notice or permitted by applicable laws. Any authorization you provide us regarding the use and disclosure of your protected health information may be revoked at any time in writing. However, understand we will be unable to take back any disclosures already made with your permission. We are also required to maintain our records of the medical care provided to you and documented during your tenure as our patient.
- **A Paper Copy of this Notice:** You are entitled to receive a paper copy of this Notice of Privacy Practices. You can request this notice at any time in writing to Dr. Ronald Nelson of Stones River Dermatology. A copy will be forwarded to you free of charge. This Notice of Privacy Practices will also be posted at stonesriverdermatology.com and can be accessed by clicking on the "Notice of Privacy Practices" link.

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- **File a Complaint:** If you believe your privacy rights were violated by Dr. Ronald Nelson or Stones River Dermatology, you may file a complaint with our practice or with the Secretary of Health and Human Services. To file a complaint with our practice, submit your concerns in writing to Dr. Ronald Nelson, Privacy Officer, Stones River Dermatology, 515 Highland Terrace, Suite A, Murfreesboro, TN 37130. You will not be penalized in any way for such a complaint. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.

If you have questions about this notice or if you need more information, please contact Stones River Dermatology, Privacy Officer, Ronald A. Nelson, MD, Stones River Dermatology, 515 Highland Terrace, Suite A, Murfreesboro, TN 37130. Telephone Number: (615)904-2010.