



**Modern Dermatology of Massachusetts**  
**10 North Main Street, Suite 402**  
**Fall River, MA**

## **NOTICY OF PRIVACY PRACTICES**

This Notice describes how your health information may be used and disclosed by Modern Dermatology of Massachusetts (MDM) and how you can get to your health information. Please review it carefully.

### **A. OUR COMMITMENT TO YOUR PRIVACY.**

Modern Dermatology of Massachusetts (MDM) is dedicated to maintaining the privacy of your health information. In providing care to you, we will create records regarding your visit, your health, and the treatment and services provided to you. MDM is required by law to maintain the confidentiality of this health information. However, there are times that MDM must disclose this information in an effort to provide you care. For instance, when referring you to another physician or when billing your insurance company for services rendered. In these circumstances, as well as others, your health information may be disclosed. MDM is required by law to provide you with this Notice that describes how and when we disclose your health information, our legal duties in doing so, and your legal rights in accessing and restricting the use of this information.

The terms of this notice apply to all records containing your health information that are created or retained by our practice. MDM reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to the Notice will be effective for all of your records that MDM has created or maintained in the past, and for any records that we may create or maintain in the future.



MDM will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

## **B. USES AND DISCLOSURE OF YOUR HEALTH INFORMATION.**

We use and disclose health information about you for treatment, payment and healthcare operations. In all such instances, we will make every effort to limit the amount of information disclosed and to protect your privacy.

1. Treatment. MDM may use your health information to treat you. For example,
  - a. We may ask you to have a laboratory test during which MDM may have to disclose information about you to the laboratory performing the test.
  - b. To write a prescription for you, we will have to disclose your health information to the pharmacy.
  - c. Many of the people who work for our practice - including, but not limited to, our doctors, nurses, and medical assistants - may use or disclose your health information in order to treat you or to assist others in your care.
  - d. We may disclose your health information to others who may assist in your care, such as your spouse, children, or parents.
  - e. We may need to disclose your health information to another health care provider such as a physician's office (i.e. your primary care physician or your referring physician) for purposes related to your treatment.
2. Payment. We may use and disclose your health information to obtain payment for the services we provide to you.
3. Healthcare Operations. MDM may use and disclose your health information to operate our business. This may include, for instance, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating physician or provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities. MDM may disclose your health information to other health care providers and entities involved in your care to assist in their health care operations.



4. Appointment Reminders. We may use and disclose your health information to contact you and remind you of an appointment (such as voicemail messages, postcards, or letters).
5. Treatment Options, Health-Related Benefits and Services. We may use and disclose your health information to inform you of potential treatment options or alternatives.
6. Release of information to Family/Friends. MDM may release or disclose your health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, there are times when a friend, caretaker, or health aid assists you to our office for treatment. In this example, the friend, caretaker, or health aid accompanying you may have access to your health information.
7. Required or Authorized by Law. We may use or disclose your health information when we are required or authorized to do so by federal, state, or local law.
8. Your Authorization. You may give us written authorization to use, disclose or release your health information to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use, release, or disclose your health information for any reasons except those described in this Notice.
9. Public Health Risks. MDM may disclose your health information to public health authorities that are authorized by law to collect information for the purposes of:
  - a. maintaining vital records such as births and deaths
  - b. reporting child abuse or neglect
  - c. preventing or controlling disease, injury, or disability
  - d. notifying a person regarding potential exposure to a communicable disease
  - e. notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - f. reporting reactions to drugs or problems with products or devices
  - f. notifying individuals if a product or device they may be using has been recalled
  - g. notifying appropriate government agencies and authorities 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 do so.



- h. notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 10. Health Oversight Activities. MDM may disclose your health information 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 to monitor government programs, compliance with civil rights laws and the health care system in general.
- 11. National Security. MDM may disclose your health information to federal authorities for intelligence and national security activities authorized by the law.
- 12. Military. We may release 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. 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.
- 14. Worker's Compensation. MDM may release your health information for worker's compensation and similar programs.

### **C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

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

1. Confidential or Alternative 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 instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential or alternative communication, you must contact our Compliance Officer (address and telephone number provided above). You will be provided with a Request Form allowing you to specify the requested method of contact, or the location where you wish to be contacted. MDM will accommodate reasonable requests.
2. Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information 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 will abide by our Agreement except as otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction, you must contact our Compliance Officer (address and telephone number provided above). You will then be provided with a Request Form allowing you to specify the requested restrictions. MDM will accommodate reasonable requests.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your health information, including your medical records and billing records, with limited exceptions. All such requests must be made in writing to our Compliance Officer (address and telephone number provided above). Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. You will be informed of the cost at the time of your request. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.
4. **Amendments.** You may ask that we amend your health information if you believe it is incorrect or incomplete. Your request must be in writing and it must explain the reason you feel the information should be amended. All such requests should be directed to our Compliance Officer (address and telephone number provided above). We may deny your request if it (along with the reason supporting your request) is not made in writing, and in other limited circumstances.
5. **Accounting of Disclosures.** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years. Such requests may not include dates before April 14, 2003. If you request this information more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. All such requests should be directed in writing to our Compliance Officer (address and telephone number provided above).
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.
7. **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 Public Health and Human Services. To file a



complaint with our practice, please contact our Compliance Officer (address and telephone number provided above). All complaints must be in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization/or 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 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. Please note, we are required to retain records of your care.

**D. FOR MORE INFORMATION ABOUT THIS PRIVACY NOTICE, OR TO REQUEST ADDITIONAL COPIES, PLEASE CONTACT:**

Compliance Officer  
Modern Dermatology of Massachusetts  
10 North Main Street  
Suite 402  
Fall River, MA 02720

Thank you, Modern Dermatology of Massachusetts.

Received and read by:

Signature \_\_\_\_\_

Print Your Name \_\_\_\_\_

Date \_\_\_\_\_