

Phone: (805) 434-2821

Fax: (805) 434-2526

## Plateroti Dermatology

Carmelo Plateroti, D.O.

1101 Las Tablas Rd. Suite G

Templeton, CA 93465

### **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that, under Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Private Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

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**Patient Name (Print)**

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**Signature of Patient or Guardian**

**Date**

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#### **FOR OFFICE USE ONLY**

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below.

<b>Date:</b>	<b>Staff Initials:</b>	<b>Reason:</b>
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### HIPAA PRIVACY NOTICE

*Effective April 14, 2003*

*This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.*

#### **Introduction**

We are required by law to maintain the privacy of "Protected Health Information" (PHI). PHI includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a copy of our most current privacy notice from our office.

#### **Permitted Uses and Disclosures**

We can use or disclose your PHI for purposes of treatment, payment and health care operations.

- ◆ Treatment means the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have a potentially complicating condition like diabetes.
- ◆ Payment means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide to your insurance carrier (or other third party payor) information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the carrier or other third party payor for the services rendered to you, we can provide the carrier or other third party payor with information regarding your care if necessary to obtain payment.
- ◆ Health Care Operations mean the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information about many patients to decide what services are not needed, and whether certain new treatments are effective.

#### **Disclosures Related to Communications with You or Your Family**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you or relate specifically to your medical care through our office. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us to contact you.

We may disclose your PHI to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the PHI directly relevant to their involvement in your care or payment. We may also use or disclose your PHI directly relevant to their involvement in your care or payment. We may also use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine, in our professional judgement, that it is in your best interest to make such disclosures.

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We will allow your family and friends to act on your behalf to pick up prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

#### **Other Situations**

**Organ and Tissue Donations:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risk:** We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury, or disability
- ◆ To report births and deaths
- ◆ To report victim of abuse, neglect, or domestic violence
- ◆ To report reactions to medications
- ◆ To notify people of product, recalls, repairs, or replacements
- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Health Oversight Activities:** We may disclose medical information to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose PHI to persons under the Food and Drug Administration's jurisdiction to track products or to conduct by someone post-marketing surveillance.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute we may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons, or similar process
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- ◆ About a death we believe may be the result of a criminal conduct
- ◆ About criminal conduct on our premises
- ◆ In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime

**Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Disaster Relief:** When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

#### Your Rights

1. You have the right to request restrictions on our uses and disclosures of protected health information (PHI) for treatment, payment and health care operations. However, we are not required to agree to your request.
2. You have the right to reasonably request to receive communications of PHI by an alternative means or at alternative locations.
3. Subject to payment of a reasonable copying charge as provided by state law, you have the right to inspect or obtain a copy of the PHI information contained in your medical and billing records and in any other practice records used by us to make decisions about you, except for:
  - ◆ Psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record
  - ◆ Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
  - ◆ PHI involving laboratory tests when your access is required by law
  - ◆ If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you
  - ◆ If we obtained or created PHI as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
  - ◆ Your PHI is contained in records kept by a federal agency or contractor when your access is required by law
  - ◆ If the PHI was obtained from someone other than us under HIPAA promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

We may also deny a request for access to protected health information (PHI) if:

- ◆ A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person
- ◆ The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person
- ◆ The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request a correction to your PHI, but we may deny your request for correction, if we determine that the PHI or record that is the subject of the request:
  - ◆ Was not created by us, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment
  - ◆ Is not part of your medical or billing records

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- ◆ Is not available for inspection as set forth above
- ◆ Is not accurate and complete

In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

5. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the period provided by law, except for disclosures:
  - ◆ To carry out treatment, payment, and health care operations as provided above
  - ◆ To persons involved in your care or for notification purposes as provided by law
  - ◆ For national security or intelligence purposes as provided by law
  - ◆ To correctional institutions or law enforcement officials as provided by law
  - ◆ That occurred prior to April 14, 2003
  - ◆ That are otherwise not required by law to be included in the accounting
6. You have the right to request and receive a paper copy of this notice from us.
7. The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing and delivered to us.

### Complaints

If you believe that your privacy rights have been violated, you should immediately contact our Practice Manager or our Privacy Officer. All complaints must be submitted in writing. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.