

# NOTICE OF PRIVACY PRACTICES

Updated July 12, 2015



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We understand that your health information is personal and are committed to protecting the privacy of your health information by complying with all applicable federal and state privacy and confidentiality laws. During your treatment at Integra Dermatology, PA, doctors, nurses, staff and other personnel may gather medical information about you and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Integra Dermatology, PA. We are required to describe to you our legal duties and privacy practices needed to keep your medical information private. We are required by law to make sure medical information that identifies you is kept private. We will follow the terms of regulations currently in effect and notify you in the event there is a breach of any unsecured protected health information about you.

**Your medical information may be used and disclosed for the following purposes:**

- ❖ **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. To treat you effectively, we may need to share your health information with doctors, nurses, and other staff who are involved in taking care of you and your health. For example, an Integra Dermatology, PA physician may share your medical information with another outside physician for a consultation or referral.
- ❖ **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Integra Dermatology, PA, so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or for purposes of an independent review of a denied claim if it was thought to be medically unnecessary. We will get your written consent prior to making disclosures for payment purposes.
- ❖ **Health Care Operations:** We may use and disclose medical information about you for Integra Dermatology, PA's health care operations. Health care operations are the uses and disclosures of information that are necessary to run Integra Dermatology, PA and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and physicians in caring for you. We will get your written consent before making disclosures to others outside of Integra Dermatology, PA, for health care operations purposes.
- ❖ **Appointment Reminders and Other Health Information:** We may use your medical information to contact you for appointment reminders, refill reminders or other communications about your medical care. We may use this information to contact you with information about new or

alternative treatments or other health care services of interest to you, or for purposes of care coordination.

- ❖ **Fundraising:** Integra Dermatology, PA or one of its business associates may use certain information about you to let you know about fundraising or other charitable events. Specifically, information is limited to: name, address, age, gender, date of birth and other demographic information; dates you received health care; treating physician; outcome information; and health insurance status. You can choose not to be contacted for fundraising and can follow the opt-out instructions contained in the fundraising communications. Otherwise, you may notify our Clinic Administrator at 612-767-6000.
- ❖ **To People Assisting in Your Care.** Integra Dermatology, PA will only disclose medical information to others in a few instances. These may include someone who is taking care of you or paying your bills. We will provide only specific information necessary to help in those tasks. If close family members or friends need limited information to help you, we will consider providing only the amount of information needed as permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are unable to make health care decisions, Integra Dermatology, PA, will make a professional judgment and determine whether or not to disclose relevant medical information depending on the situation.
- ❖ **Research:** Federal law permits Integra Dermatology, PA, to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
- ❖ **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.
- ❖ **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent, or when the disclosure is specifically required by law, including the limited circumstances in which Integra Dermatology, PA's health care professionals have a "duty to warn."
- ❖ **To Business Associates:** Some services are provided by or to Integra Dermatology, PA through contracts with business associates. Examples include Integra Dermatology, PA's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.



**Your medical information may be released in the following special situations:**

- ❖ **Organ and Tissue Donation:** We may release your 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, Veterans, National Security and Intelligence Activities:** If you are a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- ❖ **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to disclose information regarding your work related injury to your employer or your employer's workers' compensation insurer without your specific consent, so long as the information is related to a workers' compensation claim.
- ❖ **Public Health:** We may disclose medical information to public health authorities about you for public health activities as permitted or required by law. For example, to report disease exposures and statistics, births and deaths, abuse or neglect, reactions to medications, problems with recall products, and to report to the FDA.
- ❖ **Health Oversight Activities:** We may release your information to health oversight agencies for audits, investigations, inspections, and licensure activities. These disclosures are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❖ **Lawsuits and Disputes:** We may disclose medical information about you in response to a valid court order or statutory authorization, or with your written consent.
- ❖ **Law Enforcement:** We may release medical and non-medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- ❖ **Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine a cause of death.
- ❖ **Inmates:** We may release medical information about you to the correctional institution or law enforcement official only as permitted by law.
- ❖ **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Your rights regarding medical information we maintain about you:**

- ❖ **Access:** You have the right to inspect and receive a copy of your medical and billing records maintained by Integra Dermatology, PA. You must submit your request in writing. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by law. We may deny your request to inspect and copy your information in certain limited circumstances. If we deny your request, you may be entitled to a review of the denial.

- ❖ **Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change that information. We may deny your request if we did not create the information or have no access to it or if the information is accurate and complete. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be included in your records.
- ❖ **Right to an Accounting of Disclosures:** You have the right to receive a list of disclosures we made of medical information about you. This does not include disclosures for treatment, payment, and health care operations and certain other purposes. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee. Your request must state a time period which may not be longer than six years.
- ❖ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. We may not be able to agree to all requests for restrictions, but, if we do, we will abide by our agreement unless the information is needed for emergency situations. We are required by law to submit claims for services to your health plan. We will agree to restrict disclosures to your health plan for payment or health care operations if you pay in full at the time of service.
- ❖ **Right to Request Confidential Communications:** You have the right to request that we communicate with you in confidence about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail. We will accommodate all reasonable requests.
- ❖ **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice even if you have agreed to receive the notice electronically. This notice is available from our front desk staff or a copy will be at our website, [www.integradermatology.com](http://www.integradermatology.com).

#### **Changes to This Notice**

- ❖ We are required to abide by the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices and terms of this notice at any time, and to have it be effective for all information that we have, including information we already have as well as information we receive in the future. If the terms of this notice are changed, Integra Dermatology, PA will provide you with a revised notice upon request, and we will post the revised notice in the waiting room at Integra Dermatology, PA and on our website at [www.integradermatology.com](http://www.integradermatology.com).

#### **Complaints or Questions**

- ❖ If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with Integra Dermatology, PA, or to ask a question about this Notice, contact our Clinic Administrator at 612-767-6000. You will not be penalized for filing a complaint.

**Integra Dermatology, PA**  
**6350 W. 143<sup>rd</sup> St. #200**  
**Savage, MN 55378**  
**(612) 767-6000**