

NOTICE OF PRIVACY POLICY

FOR

UPTOWN DERMATOLOGY

&

AESTHETICS

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

INTRODUCTION:

At Uptown Dermatology & Aesthetics, we are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective October 14, 2002 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit Uptown Dermatology & Aesthetics, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information referred to as your health or medical records, serve as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in education health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, where and why others may access your health information and make more informed decisions when authorizing to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Uptown Dermatology the information belongs to you. You have rights to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health records
- Amend your health record as provided
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

OUR RESPONSIBILITIES

Uptown Dermatology is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative mean or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization except as described in this notice. We will also discontinue using your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have a question or would like additional information you may contact the practices Privacy Officer at 504-897-5899

If you believe your privacy rights have been violated you can file a complaint with the Privacy Officer or with the Office of Civil Rights, Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. There address is:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F. HHH Building
Washington, D.C. 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment

For example: Information obtained by nurse, physician other members of your health care team will be recorded and your record will be used to determine the course of treatment that should work best for you. Members of your health care team will then record the actions they took and their observations. In this way the physician will know how you are responding to treatment.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnoses, procedures and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team use information in your health record to access the care and outcomes in your case and other like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department, radiology and certain laboratory tests. When these services are contracted we may disclose your health information to our business associate so that they can perform the job we ask them to do and bill you or your third-party payer for services rendered. TO protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication with family: Health professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.