

INTEGRATED DERMATOLOGY GROUP

NOTICE OF PRIVACY PRACTICES

Effective April 4th 2003

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.

OUR RESPONSIBILITIES:

Integrated Dermatology Group is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and make new provisions effective for all information we maintain.

YOUR RIGHTS:

You have the right to: Authorize and Consent to the use and disclosure of protected health information

- Request restrictions on how we use or disclose your medical information.
We do not have to agree to your request.
Receive confidential communication to an alternative phone or address.
- Request amendment to your medical information.
- Receive an accounting of disclosures of your medical information not authorized by you and not for purposes of treatment, payment, or health care operations.
- Inspect and copy protected health information.

USES AND DISCLOSURES

Examples of how information may be used for treatment, payment, and health care operations include:

Treatment – We keep a record of each patient visit that includes your tests results, diagnoses, medications, surgeries, therapies, progress and response to care you need.

Payment – We keep a record of the services and supplies provided to deliver your care so we can bill and be paid by you and/or your insurance company.

Health Care Operations – We use medical information to evaluate and improve the quality of care and services we provide, to train and monitor staff and students, and to manage the operation of the practice.

May also use information for appointment reminders, to describe or recommend treatment, alternatives, and to provide information about health-related benefits. Your health information may be shared among Integrated Dermatology

Group representatives and business associates to facilitate treatment, payment, or to manage the business of the practice (health care operations). Business associates who access medical information must follow our requirements to protect the privacy of the information we provide to them.

There are other reasons which permit us to use or disclose medical information, including:

- As required by law
- For public health activities
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as inspections
- For judicial or administrative proceedings
- For law enforcement purposes
- To coroners, medical examiners, and funeral directors
- For organ donation
- To a correctional institution if you are an inmate
- For workers' compensation if you are injured at work

Integrated Dermatology Group recognizes and values each individual's right to privacy. This Notice of Privacy Practices provides information on our responsibilities to protect the confidentiality of your health information. This Notice also provides information on how we may use and disclose medical information.

FOR MORE INFORMATION:

If you need clarification or more information on any portion of the Notice, if you would like to exercise your rights, or if you feel your privacy rights have been violated, contact the Privacy Offices at (860) 741-2225 or write to the following address:

**Integrated Dermatology Group
ATTN: Privacy Officer
113 Elm Street, Suite 304
Enfield, CT 06082**

All complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary to the United States Department of Health and Human Services.