

## **Joint Notice of Privacy Practices**

This Joint Notice of Privacy Practices (“Notice”) describes how medical information about you may be used and disclosed by Adult & Pediatric Dermatology, P.C. (“APDerm”) or its affiliated covered entities as are listed in this Notice (together with APDerm, referred to as “Affiliates”) and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of or correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information about you that we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this Notice of Privacy Practices
- Choose someone to act as your personal representative for purposes of your health information
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your health
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law and respond to lawsuits and legal actions
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests

**A more detailed description of your rights, your choices and our uses and disclosures of your health information is set forth below:**

#### **List of Affiliated Covered Entities Covered Under this Notice of Privacy Practices**

- Adult & Pediatric Dermatology, PC

- Advanced Dermatology and Aesthetic Center
- Associates In Dermatology
- Boston Dermatology & Laser Center
- Coastal Dermatology
- Dermatology Associates,
- Dermatology Professionals
- DermCare Physicians & Surgeons
- Lexington-Waltham Dermatology Group
- Marla C. Angermeier, MD
- Mystic Valley Dermatology Associates
- Stuart J. Arbesfeld, MD

## **Your Rights**

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When it comes to your health information, you have certain rights. This section of our Notice of Privacy Practices explains your rights and some of our responsibilities under the law.

### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete.

### **Ask us to amend your medical record**

- We may say “no,” but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- Make a reasonable request to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (also known as an accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this Notice of Privacy Practices**

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically and we will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Our Legal Services Department can assist you with the preparation of a health care power of attorney document that provides authority for another person to act on your behalf.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting APDerm's Privacy Officer at 978-849-7582 or [compliance@apderm.com](mailto:compliance@apderm.com).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1.877. 696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

## **Your Choices**

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For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we generally do not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures of Information About You**

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**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**To treat you** We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**To run our organization** We can use and share your health information to run our health center, improve your care, and contact you when necessary. Example: *We use health information about you to improve the quality of care we provide to you and others.*

**To bill for your services** We can use and share your health information to bill and get payment from health plans or other entities. Example: *We can give information about you to your health insurance plan in order to be paid for the services you receive at the health center.*

## **How Else Can We Use or Share Your Health Information?**

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We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. If you want to learn more you can go to [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Appointment Reminders, Cost Estimates, and Health-related Benefits and Services**

We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. You will be given the opportunity to opt out of these communications at any time. For example, we may use the phone number you provide to us to send reminders to schedule an appointment, reminders of your scheduled appointment time and date, information to help you manage your health, or provide you with an cost estimate for your upcoming appointment. You can opt out of these texts through unsubscribing or calling the office.

**Health Information Exchange (HIE):** An HIE allows healthcare organizations and providers to exchange information in a secure manner to better coordinate care APDerm will only receive or send the information permitted by law which generally includes allergies, immunizations, medications, medical history, clinical notes, and test results. For example, this data may be shared with your primary care office through an HIE rather than faxing paper copies of your medical record.

To “opt out” of these programs, please contact [compliance@apderm.com](mailto:compliance@apderm.com) or 978-849-7582. Opting out means that APDerm will not share your information with other healthcare providers through the HIE. However, we may share your health information as otherwise permitted by federal and state law. To prevent your other healthcare providers from sharing your information through an HIE, please contact that office.

### **Help with quality assurance and patient experience**

We may use or disclose your Protected Health Information such as your phone number or email, as necessary, to contact you and ask questions about your patient experience so that APDerm can improve its operations to a business associate. You can opt out of these texts through unsubscribing or calling the office.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do Research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information about a deceased patient with a coroner, medical examiner, or funeral director.

### **Address workers' compensation, law enforcement, and other government requests.**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know in writing if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We do not share records relating to your participation in an Affiliate's substance abuse program or your mental health records with providers outside of an Affiliate without your written authorization.

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice of Privacy Practices will be available upon request, in our office, and on our web site.

Last Reviewed: September 10, 2024