

Effective Date: May 9, 2013
**Surgical and Cosmetic Dermatology of
Rhode Island, LLC.**

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

This notice describes the types of medical information or protected health information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical records and healthcare information. If the practices described in this notice meet your expectation, there is nothing you need to do. If you prefer that we do not share your medical information, we may honor your written request in certain circumstances described below. If you have any questions about this Notice, please contact the Surgical and Cosmetic Dermatology of Rhode Island, LLC. At the telephone number and/or address at the end of this document.

1. Who we are- This notice describes the practices of Surgical and Cosmetic Dermatology of Rhode Island, LLC. Including healthcare professionals like doctors and nurses and other personnel.
2. Our pledge regarding protected healthcare information-We understand that protected health information, commonly referred to as medical and healthcare information about you is personal and its confidentiality needs to be maintained. We are committed to protecting this information.

We create a record of the care and services you receive from us and from other organizations that participate in your care. Surgical and Cosmetic Dermatology of Rhode Island, LLC. needs this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which Surgical and Cosmetic Dermatology of Rhode Island, LLC. uses and discloses protected health information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:

*Keep protected health information about you private.

*Give you this notice of our legal duties and privacy practices with respect to protected health information.

*Abide by the terms of this notice that is currently effective.

3. How we may use and disclose of protected health information about you. The following categories describe and give examples of the different ways we are permitted to use or required to disclose your protected health information without first asking your permission or offering you the opportunity to agree or object. Not every case or disclosure in a category may be listed. Also, we can release your protected health information without your permission if we first "de-identify" it in such the way that person looking at it will not know it refers to you.

- A. For Treatment- we use your protected healthcare information to provide, coordinate and manage your healthcare. This will include disclosing protected health information about you to doctors, nurses, technicians or other healthcare professionals who care for you, whether or not they are employed by the Surgical and Cosmetic Dermatology of Rhode Island, LLC.
- B. For Payment- we use your protected healthcare information in order to bill and collect from you, your insurance company or a third party for services you receive. We may also use your protected health information to obtain your insurer's prior approval to provide you with certain types of care, if your insurer requires us to do this.
- C. For healthcare operations purposes-As permitted by Rhode Island Law, we use and disclose your protected healthcare information to support the operations of our organization. This is necessary to make sure that all of our patients receive quality care. For example, we may use your protected healthcare information to evaluate the performance of our staff.
- D. As required by law- We disclose protected healthcare information about you when required to do so by federal, state, or local law.
- E. Appointment reminders-We may use and disclose your protected health information to contact you to remind you of your healthcare appointments at Surgical and Cosmetic Dermatology of Rhode Island, LLC.
- F. To avert a serious threat to health and safety- We may disclose protected health information about you when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person.
- G. Public Health Activities-We may release your protected health information to appropriate authorities for public health purposes including but not limited to controlling disease, injury or disability; to report child abuse or neglect; to the Food and Drug Administration (FDA) for activities relating to quality, safety or effectiveness of FDA regulated products or activity. We may also release your protected health information for the public health purpose of altering a person who may be at risk of contracting or spreading a communicable disease.
- H. Disclosures about victims of Abuse, neglect or domestic violence- As permitted by Rhode Island Law, we may release your protected health information in a situation where we believe you have been a victim of abuse, neglect or domestic violence.
- I. Worker's Compensation- We may release protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- J. Legal proceedings- We may release protected healthcare information about you during the course of legal proceedings under the following circumstances: (1) we are ordered to release the information by a court or judge; or (2) in response to a subpoena issued in the name of a court if requirements of Rhode Island laws are met.
- K. Law enforcement- We may release your protected health information to a law enforcement official for law enforcement purpose under the following circumstances: (1) as required by law; (2) if the law enforcement official needs limited information about you because of a reasonable belief that you pose a danger to yourself, a particular person, or other people; (3) if it

is believed you have been the victim of a crime and Rhode Island law allows us to make the disclosure; (4) as permitted by Rhode Island law, in an emergency healthcare situation if necessary to report a crime.

L. Health oversight-As permitted by Rhode Island law, we may disclose your protected health information to governmental agencies authorized by law to audit, inspect, or investigate the healthcare system, government benefit programs, other government programs and civil right laws.

M. Surgical and Cosmetic Dermatology of Rhode Island, LLC. will not use your information for fundraising or marketing.

N. Surgical and Cosmetic Dermatology of Rhode Island, LLC. Will not sell your protected health information.

4. Other uses or disclosures of your protected health information require your permission- All other uses or disclosures of your protected health information will be made only with your written authorization, consent or after you have been given the opportunity to object. If you authorize or agree to use a disclosure now you can change your mind later on. If you do change your mind, you must let us know in writing. If and when you take back your permission, we will stop disclosing your information to the greatest extent practical. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

5. Your rights regarding your medical information- You have the follow rights regarding the protected health information we maintain about you.

A. The right to request restrictions- you have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment and healthcare operations. We are not required to agree to your request, but if we do agree, we are bound by the restrictions, except in limited circumstances, such as if there is an emergency. In many cases restricting a caregiver's access to protected healthcare information is not in the best interest of the patient. For this reason in many cases, Surgical and Cosmetic Dermatology of Rhode Island, LLC. will not agree to your request.

B. You have the right to know if a breach in disclosures or release of your healthcare information has happened. We are required by Federal law to notify you immediately if there is ever a breach concerning your information.

C. The right to request to receive confidential communication- We will accommodate reasonable requests to communicate protected healthcare information to you at a certain location or in a certain way. If it differs from your legal home address we will need a letter in writing authorizing this.

D. Right to inspect a copy-You have the right to inspect a copy of your protected health information. This can be mailed, picked up in person or through secure email.

E. Right to amend- If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information.

F. You have the right to request that we restrict disclosures to your insurer in certain instances.

6. Changing this notice-We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for protected health information we have about you as well as any information we receive in the future.

7. Complaints/Information inquiries- If you believe your rights have been violated you may file a complaint with the Secretary of the Department of Health and Human Services. You may also file a complaint with Surgical and Cosmetic Dermatology of Rhode Island, LLC. You will not be penalized for filing a complaint, nor will you be asked to waive your rights as a condition of treatment.

Privacy Officer

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