

Delaware Valley Dermatology Group, LLC

3411 Silverside Road
Suite 107, Webster Building
Wilmington, DE 19810
Phone: 302- 478-8532 • Fax: 302- 478-8536

Notice of Privacy Practices

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.

Delaware Valley Dermatology Group, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Delaware Valley Dermatology Group, LLC please contact:

Michael Saruk, MD
Privacy Officer
302-478-8532

Effective Date of This Notice: 06/01/2009

I. How Delaware Valley Dermatology Group, LLC May Use or Disclose Your Health Information

Delaware Valley Dermatology Group, LLC collects health information from you and stores it in a chart and on a computer or any type of storage device. This is your medical record. The medical record is the property of Delaware Valley Dermatology Group, LLC, but the information in the medical record belongs to you. Delaware Valley Dermatology Group, LLC protects the privacy of your health information. The law permits Delaware Valley Dermatology Group, LLC to use or disclose your health information for the following purposes: (not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed)

1. Treatment. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. Some examples of treatment uses and disclosures include but are not limited to:

- During an office visit, practice providers and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside provider to whom we have referred you for care or with whom we are consulting regarding your care.
- We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- We may use a patient sign-in sheet in the waiting area, which is accessible to all patients.
- We may page patients in the waiting room when it is time for them to go to an examination room.

2. Payment. We may use and disclose your health information to obtain payment for services we provide to you. Some examples of payment uses and disclosures include, but are not limited to:

- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other healthcare providers who seek this information to obtain payment for health care services provided to you.
- Mailing you bills in envelopes with our practice name and return address.
- Providing a bill to a family member or other person designated as responsible for payment for services rendered to you.

- Providing consumer reporting agencies with credit information (your name and address, date of birth, social security number, payment history, account number, and our name and address).
- Providing any and all information in our possession to a collection agency or our attorney for purposes of securing payment of a delinquent account (including, but not limited to, the release of your social security number).

3. Healthcare Operations: We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Population based activities related to improving health or reducing health care costs.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing, and credentialing activities.
- Healthcare fraud and abuse detection and compliance programs.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

4. Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

5. Marketing Health-Related Services: We will not make available your health information to any unrelated third party, for marketing communications of any kind, without your prior written authorization. We, or our management services affiliates, may contact you by mail or e-mail, to provide information about other treatments or health-related benefits and services that may be of interest to you.

6. Notification and Communication with You and Your family. We may contact you (either at work or at home), your family, your personal representative or another person responsible for your care by telephone, e-mail, US mail or private delivery services, or other electronic means, in order to provide appointment reminders or to leave messages for you to contact our office for test results, appointment information, billing questions, etc.

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Required by law. We may use and disclose your health information, as required by law.

8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board and the privacy board of Delaware Valley Dermatology Group, LLC. This pertains only to those patients enrolled in a research study being conducted by Delaware Valley Dermatology Group, LLC and who have signed an informed consent.
15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for purposes involving specialized government functions including but not limited to: 1) military and veterans activities, 2) national security and intelligence, 3) correctional institutions or other law enforcement custodial situations, and 4) medical suitability determinations for the Department of State.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Change of Ownership. In the event that Delaware Valley Dermatology Group, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.
19. Business Associates. Certain functions of the practice are performed by business associates such as a management company, billing company, accounting firm, or law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example, we may share with our billing company information regarding your care and payment for your care so that the company can file health insurance claims and bill you or your responsible party.
20. Law Enforcement Purposes. We may use and disclose protected health information for certain law enforcement purposes including but not limited to: 1) compliance with legal process, 2) compliance with a legal requirement, 3) response to a request for information for identification purposes, 4) response to a request for information about a crime, 5) reporting a death suspected to have resulted from a criminal activity, 6) providing information regarding a crime on the premises, and/or, 8) reporting a crime in an emergency.
21. Judicial and Administrative Proceedings. We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is an issue.

II. When Delaware Valley Dermatology Group, LLC May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Delaware Valley Dermatology Group, LLC will not use or disclose your health information without your written authorization. If you do authorize Delaware Valley Dermatology Group, LLC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. Further Restriction on Use of Disclosure. You have the right to request restrictions on certain uses and disclosures of your health information, including (i) to carry out treatment, payment or health care operations; (ii) to someone who is involved in your care or the payment for your care; or (iii) for notification purposes. Delaware Valley Dermatology Group, LLC is not required to agree to the restriction that you have requested.

All requests must be made in writing to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction(s) to apply.

2. Confidential Communication. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For example, you might request that we only contact you by mail or at your place of work. We are not required to agree to requests for confidential communications that are unreasonable. All such requests must be made in writing to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

3. Inspection and Copying. You have the right to inspect and obtain a copy your health information that we maintain in a designated set of records. This right is subject to limitations and we may impose charges for the labor and supplies involved in providing copies. All requests must be made in writing to our privacy officer.

To exercise your right of access, you must submit a written request to our privacy officer. The request must describe the health information to which access is requested and how you want to access the information such as inspection, pick-up copy or mailing of copy.

4. Right to Amendment. You have a right to request that Delaware Valley Dermatology Group, LLC amend your health information that is incorrect or incomplete. Delaware Valley Dermatology Group, LLC is not required to change your health information and will provide you with information about Delaware Valley Dermatology Group, LLC's denial and how you can disagree with the denial. Such requests must be made, in writing, to our privacy officer.

5. Accounting of Disclosures. You have the right to obtain, by submitting a written request to our Privacy Office, an "accounting" of certain disclosures of your protected health information by us (or a business associate of ours). This right is limited to disclosures within six years of the request and other limitations and does not have to account for the disclosures described in Parts 1, 2, 3, 4, 5, and 16 of Section I of this Notice of Privacy Practices. Also, in limited circumstances we may charge you for providing the accounting. Your request should clearly designate the applicable time period.

6. Paper Copy of Privacy Notice. You have a right to a paper copy of this Notice of Privacy Practices. All such requests must be made, in writing, to our Privacy Officer.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our privacy officer, listed below, in writing, addressed to one of our offices listed at the top of this publication:

Michael Saruk, MD
Privacy Officer
Delaware Valley Dermatology Group, LLC
302-478-8532

IV. Changes to this Notice of Privacy Practices

Delaware Valley Dermatology Group, LLC, reserves the right to amend this Notice of Privacy Practices at any time, now and/or in the future, and to make the new provisions effective for all

information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Delaware Valley Dermatology Group, LLC is required by law to comply with this Notice.

Any addendums to this Privacy Notice will be posted in the waiting rooms of Delaware Valley Dermatology Group, LLC.

V. Complaints

Complaints about this Notice of Privacy Practices, or how Delaware Valley Dermatology Group, LLC handles your health information, should be directed to:

Michael Saruk, MD
Privacy Officer
Delaware Valley Dermatology Group, LLC
3411 Silverside Road
Suite 107, Webster Building
Wilmington, DE 19810

THIS NOTICE IS NOT INTENDED TO CREATE CONTRACTUAL OR OTHER RIGHTS INDEPENDENT OF THOSE CREATED IN THE FEDERAL PRIVACY RULE.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.