

Patient Rights

Military Activity and National Security- When the appropriate conditions apply we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty, or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information under specified conditions to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers Compensation- We may disclose your protected health information to comply with workers' compensation laws and similar government programs.

Inmates- We may use or disclose your protected health information under certain circumstances if you are an inmate of a correctional facility.

Parental Access- State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosure following such laws.

USES AND DISCLOSURES ARE PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION-

In some circumstances, you have the opportunity to agree or object to the use of disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals involved in our health care- Unless you object, we may disclose to a member of your family, relative, close friend, or any other person you identify your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care of your location, general condition, or death. If you should become deceased we may disclose your protected health information to a family member or other individual who was previously involved in your care, or in payment for your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your prior expressed preference. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION- you may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases you may seek a review of the denial.

Right to Inspect and Copy- You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our Practice uses for making decisions about you. This right does not include information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and if you agree to receive a summary, we will advise you of the fee at the time of your request.

Right to Request Restrictions- You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us:

(1) what information you want restricted; (2) whether you want to restrict our use of disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date. If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in plan. We must agree with that request only if the disclosure is not for the purpose of carrying out treatment (only for carrying out payment or health care operations) and is not otherwise prohibited by law and pertains solely to a health care item or service for which we have been paid out of pocket by you or by another person on our behalf other than our health plan. You may revoke a previously agreed upon restriction at any time in writing.

Right to request Alternative Confidential Communication- You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to request amendment- If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we accept requests for amendment, we are not required to agree to the amendment.

Right to Accounting of Disclosure- You may request that we provide you with an accounting of the disclosures we have made for purposes other than treatment, payment or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made no more than 6 years prior to the date of your request. The right to receive this information is subjected to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right Related to an Electronic Health Record- If we maintain an electronic health record containing your protected health information, you have the right to obtain a copy of that information in an electronic format and you may choose to have us transmit such copy directly to a person or entity you designate, provided that your choice is clear, conspicuous, and specific. You may request that we provide you with an accounting of the disclosures we have made of your protected health information (including disclosures related to treatment, payment and health care operations) contained in an electronic health record for no more than 3 years prior to the date of your request (and depending on when we acquired an electronic health record).

Right to Obtain a Copy of this Notice- You may obtain a paper copy of this Notice from us, view or download it electronically at our Practice's website at www.wnyderm.com, or, if you agree, by email.

Special Protections- This Notice is provided to you as a requirement of HIPAA. There are several other privacy that also apply to HIV-related information, family planning information, mental health information, psychotherapy notes, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies of this Notice. Psychotherapy notes, release of protected health information for marketing purposes or sale of protected health information are all specifically subject to more strict privacy standards and most uses and disclosures require express authorization from you.

Complaints- If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will provide the address of the OCR Regional Office upon your request. No retaliation will occur against you for filing a complaint.

Contact Information- Our Privacy Officer is Tami Kaczmarek and can be contacted at this office or by calling our telephone number, (716) 262-8216. You may contact our Privacy Officer for further information about our complaint process or for further explanation of this Notice of Privacy Practices.