



Renew Dermatology 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.

I. What This Is

This notice describes the privacy practices of Renew Dermatology, its physicians and other personnel ("we" or "us").

II. Our Commitment to Your Privacy

Our practice is required by law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) to maintain the confidentiality of health information that identifies you ("Protected Health Information" or "PHI") and provide you with this notice of our legal duties and privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we are required to abide by the terms of the Notice of Privacy Practices that we have in effect at the time. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past or that we may create or maintain in the future. You may request a copy of our most current Notice of Privacy Practices at any time.

III. Permissible Uses and Disclosures of Health Information Without Written Authorization

In certain situations, described in Section IV below, we must obtain your written authorization in order to use/disclose your PHI. However, unless the PHI is Highly Confidential Information (as defined in Section IV.B below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without your written authorization for the following purposes.

A. Use and Disclosure For Treatment, Payment and Health Care Operation. We may use and disclose PHI, in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below:

- Treatment. We may use and disclose PHI about you to provide medical treatment and services to you. We may disclose PHI about you to doctors, nurses, pathologists, technicians, medical students or other health care providers who are involved in taking care of you now or in the future. In addition, we may contact you to provide appointment reminders, follow up with test results, provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Payment. We may use and disclose PHI so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or third party or to verify that your insurance company or third party will pay for the health care.

- Health Care Operations. We may use or disclose PHI for our health care operations, which includes internal administration and planning, quality assessment and improvement activities, cost-management and business planning activities, health care fraud and abuse detection, compliance and to resolve any complaints you may have and ensure that you have a pleasant visit with us.

B. Disclosure to Relatives, Close Friends, and Other Caregivers. We may use or disclose PHI (except Highly Confidential Information) to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Privacy Officer in writing.

If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgement to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Public Health Risks. We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: (1) preventing or controlling disease, injury or disability; (2) to report child abuse or neglect; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work related illnesses and injuries or workplace medical surveillance; (6) to maintain vital records such as births and deaths; (7) to notify appropriate government authorities of potential abuse or neglect of an adult patient if the patient agrees to such disclosure or we are required or authorized by law to disclose this information.

D. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

E. Legal Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful purpose.

F. Law Enforcement. We may disclose PHI if asked to do so by a law enforcement official as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

G. Deceased Patients. We may disclose PHI to a coroner or medical examiner as authorized by law.

H. Organ and Tissue Donation. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplant if you are an organ donor.

I. Research. We may use or disclose your PHI without your consent or authorization for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

J. Serious Threats to Health or Safety. We may use or disclose your PHI to prevent or lessen a serious threat to your health and safety or the health and safety of another person or the public.

K. Specialized Government Functions. We may use or disclose PHI to units of the government with special functions, such as the U.S. Military, Department of State, Department of Veteran's Affairs, federal or state intelligence officials and national security officials under certain circumstances required by law.

L. Inmates. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary for these purposes: (a) for the institution to provide health care services to you; (b) for the health, safety and security of the institution, its officers and employees and / or (c) to protect your health and safety or the health and safety of other individuals.

M. Workers' Compensation. We may use or disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

N. As Required by Law. We may use or disclose PHI when required to do so by any other law not already referred to in the preceding categories.

O. Business Associates. We may share your PHI with third party associates that perform various activities for the practice. Whenever any arrangement between our practice and a business associate involves the use of disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

IV. Uses and Disclosures Requiring Your Written Authorization.

For any purpose other than the ones described in Section III, we only may use or disclose PHI when you give us your authorization in writing.

A. Marketing Communications. We must also obtain your written authorization ("Marketing Authorization") prior to using PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face to face encounter, without obtaining your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we choose, without obtaining your Marketing Authorization). In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services or products.

B. Uses and Disclosure of Your Highly Confidential Information. In addition, Federal and Virginia law imposes special privacy protections for "Highly Confidential Information", which is Psychotherapy Notes and subset of Protected Health Information that is related to: (1) treatment or evaluation of mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) in the case of a patient who is a minor, birth control, prenatal, drug rehabilitation or related services and venereal disease. In order

for us to disclose your Highly Confidential Information for a purpose other than those permitted laws regulating Highly Confidential Information, we must obtain your written authorization.

V. Your Rights Regarding Your PHI

A. Right to Request Confidential Communications. You may request that our practice communicate with you about your health and related issues in a particular manner or at a certain location (such as home, rather than work). In order to request a type of confidential communication, please use the contact information below to obtain a request form and submit the completed form to the Privacy Officer. Our practice will accommodate reasonable requests. You do not need to give a reason for the request.

B. Right to Request Additional Restrictions. You may request a restriction in our use or disclosure of your PHI (1) for treatment, payment or health care operations, (2) to certain individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or the payment related to your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If you wish to request additional restrictions, please use the contact information below to obtain a request form and submit the completed form to the Privacy Officer. We will send you a written response.

C. Right to Inspect and Copy Your Health Information. You may request to inspect and obtain a copy of your medical records and billing records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please use the contact information below to obtain a request form and submit the completed form to the Privacy Officer. Our practice does charge a fee for the costs of pulling records from storage, copying, mailing, labor and supplies associated with your request. These fees are noted on the request form.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering written revocation statement to the Privacy Officer identified below. A form of Written Revocation is available upon request from the Privacy Officer.

E. Right to Amend Your Records. You have the right to request that we amend your PHI if you believe it is incorrect or incomplete and you may request an amendment as long as the information is kept by our practice. To request an amendment, your request and reason for the request must be made in writing using the contact information below. You must provide us with a reason that supports your request. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the PHI kept by or for our practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) was not created by our practice, unless the individual or entity that created the information is not available to amend the information.

F. Right to Receive an Accounting of Disclosures. All of our patients may request an Accounting of Disclosures, which is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. To obtain an Accounting of Disclosures, please use the

contact information below to obtain a request form and submit the completed form to the Privacy Officer. All requests must state a time period which does not exceed six (6) years prior to the date of the request. If you request an accounting more than once during a twelve (12) month period, we will charge you a fee which is stated on the request form.

G. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy at any time by contacting us using the contact information below.

H. Right to file a Complaint. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Privacy Officer. You may also file written complaints with the Secretary of the Office for Civil Rights of the U.S. Department of the Health and Human Services. You will not be retaliated against for filing a complaint.

VI. Effective Date and Duration of this Notice

A. Effective Date: This Notice is effect on September 1, 2010.

B. Right to Change Terms of This Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in our waiting area. You may also obtain any revised notices by contacting the Privacy Officer.

VII. Privacy Officer

You may contact the Privacy Officer at:

Renew Dermatology
1603 Santa Rosa Road
Suite 203
Richmond, VA 23229
(804) 440-3376