



NOTICE OF PRIVACY PRACTICES

One Scobee Circle, Plymouth, MA 02360 P 508.747.0711
75 Washington Street, Norwell, MA 02061 P 781.878.6495

SouthShoreSkinCenter.com

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. SOUTH SHORE SKIN CENTER LLC'S LEGAL OBLIGATIONS.

South Shore Skin Center, LLC (the "Practice") understands that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information. The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We are required by law to ensure that medical information that identifies you is kept private, to give you this notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the notice that is currently in effect. The medical information or "protected health information" (PHI) that is referred to in this notice includes any information which makes you identifiable, including your name, address, social security number, insurance information, diagnosis, and any clinical information included in your medical record.

II. THIS NOTICE DESCRIBES OUR PRACTICE'S POLICIES, WHICH EXTEND TO:

- Any health care professionals, staff and other personnel that work for or with our practice
- Our business associates (including a billing service, or facilities to which we refer patients)

III. HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION.

A) We may disclose your PHI for the following reasons:

1. Medical treatment. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. For example, we may disclose medical information about you to other healthcare providers such as doctors, nurses, laboratory or x-ray technicians who are involved in your care.
2. Payment. We may use and disclose PHI about you to insurance companies or other third party payors for the purpose of billing and collecting for services you received at South Shore Skin Center. We may also tell your health plan, employer, and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also need to give information to an individual who helps pay for your care.
3. Health care operations. We may use and disclose, as needed, your PHI for the purpose of day-to-day operations, to reduce health care costs, and to conduct business management and general administrative activities related to our practice. For example, we may use and disclose medical information to (a) review our treatment and services and to evaluate the performance of our staff in caring for you, (b) doctors, nurses, technicians, and other Practice personnel for review and learning purposes, (c) our accountant, attorney, consultants, and others in order to ensure we comply with the laws that govern us, and (d) establish a sign-in sheet at the registration desk and call you by name in the waiting room.
4. Appointment and patient recall reminders and health related benefits or services. We may use and disclose PHI to contact you as a reminder that you have an appointment or that you are due to receive periodic care from the Practice, and to inform you of treatment alternatives or other healthcare services or benefits we offer. This contact may be by phone, in writing, text or by e-mail, and may involve the leaving of a general message on an answering machine, which could (potentially) be retrieved by others.
5. When required by federal, state or local law, administrative or legal proceedings, health oversight activities or by law enforcement. Examples of these disclosures include PHI regarding victims of abuse, neglect or

domestic violence. In addition, we must disclose PHI when ordered to comply with a legal or administrative proceeding. We may also provide PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to contact you about the request.

6. Public health activities. We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by the Commonwealth of Massachusetts to submit information about all newly diagnosed cases of cancer.
7. Business associates. Some services in our practice are provided through contracts with business associates. We may disclose PHI to our business associate so they can perform the job we have requested and bill a third party for services rendered.
8. Workers' compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
9. Serious threat to health or safety. We may disclose PHI about you to prevent or lessen a serious threat to the health or safety of a person or the public.
10. Specific government functions. We may disclose PHI of military personnel and veterans as required by military command authorities or for the purposes of a determination by the Department of Veterans Affairs of your eligibility for benefits.
11. Law enforcement purposes. We may disclose PHI to assist officials in locating a suspect, fugitive, material witness or missing person. In addition, we may disclose PHI to officials regarding criminal conduct. We may also disclose PHI about you to a correctional institution having lawful custody of you.
12. Research. Under certain circumstances, we provide PHI in order to conduct medical research. Your PHI will only be used or disclosed to researchers when the Practice determines that the protocols have been established to ensure the privacy of your health information.

B) You May Object To The Following Use And Disclosure.

- a. Disclosures to family, friends or others. Health professionals, using their best judgment, may disclose to a family member, friend or other person that you indicate, unless you object in whole or in part, health information relevant to that person's involvement in your care or payment related to your care.

C) All Other Uses and Disclosures Require Your Prior Written Authorization.

- a. Certain uses and disclosures of PHI require your written authorization. These include most uses and disclosures of psychotherapy notes that are recorded or maintained by South Shore Skin Center, PHI used or disclosed for marketing purposes, and disclosures that constitute a sale of PHI.
- b. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made before we received your revocation, and that we are required to retain our records of the care that we provided to you.

IV. RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights regarding PHI about you:

1. Right to Inspect and Copy. You have the right to inspect and copy PHI that we retain on your behalf. To inspect and copy medical information that may be used to make decisions about you, your request, which must be submitted in writing, must be signed by you or your authorized representative. Under federal

law, however, you may not inspect or copy the following records; (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and (3) PHI that is subject to law that prohibits access to PHI. If you request a copy of the information, we may charge a reasonable fee in accordance with Massachusetts General Law for copying and the costs of postage and supplies associated with your request. You may obtain an access request form from our medical records coordinator at 508.747.0711. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by the Practice will review your request and the denial.

2. **Right to Amend.** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information. You have the right to request an amendment for as long as the Practice maintains your medical record. We may deny your request if you ask us to amend information that was not created by us, is not medical information kept by or for the Practice, is not medical information you are permitted to inspect and copy, or is accurate and complete. To request an amendment, your request must be made in writing and submitted to Medical Records Coordinator, South Shore Skin Center, 1 Scobee Circle, Unit 3, Plymouth, MA 02360. The amendment request must be signed by you or your authorized representative and must state the reasons for the amendment/correction request. You may obtain an amendment request form from our medical records coordinator at 508.747.0711.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures made by us on your PHI. This right applies to disclosures that may have occurred for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The right to an accounting does not include disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003, for a period of up to six (6) years prior to the date of your request. Requests must be made in writing and signed by you or your authorized representative. Accounting request forms are available from our medical records coordinator at 508.747.0711. The right to receive this information is subject to certain expectations, restrictions and limitations. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. **Right to Request Restrictions.**
 - a. You have the right to restrict disclosure of PHI to your health plan or for health care operations, and we must agree to the requested restriction if disclosure is not required by law, if you have paid for the items or services out-of-pocket and in full.
 - b. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request regarding restrictions on disclosure, however.

To request restrictions, you must submit your request in writing to Medical Records Coordinator, South Shore Skin Center, 1 Scobee Circle, Unit 3, Plymouth, MA 02360. Your request should indicate what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply, for example, disclosures to your spouse.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only



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contact you at work or by mail, that we not leave voice mail or e-mail, or the like. To request confidential communications, you must make your request in writing to Medical Records Coordinator, South Shore Skin Center, 1 Scobee Circle, Unit 3, Plymouth, MA 02360. Your request must specify how or where you wish us to contact you.

6. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

V. BREACH NOTIFICATION

Following the discovery of a breach of your unsecured protected health information, we will provide you notice in written form by first-class mail, or alternatively, by e-mail if you have agreed to receive such notices electronically.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with Privacy Officer, South Shore Skin Center, 1 Scobee Circle, Unit 3, Plymouth, MA 02360, phone: 508.747.0711. All complaints must be submitted in writing, and all complaints will be investigated. You may also file a complaint with the United States Secretary of the Department of Health and Human Services at Office for Civil Rights, U.S. Department of Health and Human Services, JFK Federal Building, Room 1875, Government Center, Boston, MA 02203. There will be no retaliation for filing a complaint.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The amended notice will include the effective date on its first page.

VIII. ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

You will be asked to sign an acknowledgement form that you received this notice of Privacy Practices.

IX. FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this policy, you may contact our Privacy Officer at 508.747.0711 or by writing to Privacy Officer, South Shore Skin Center, LLC, 1 Scobee Circle, Unit 3, Plymouth, MA 02360.