

**LYNN A. COLAIACOVO, M.D., P.C.**

## **NOTICE OF PRIVACY PRACTICES**

**Effective date: September 23, 2013**

**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.**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

Generally speaking, your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

Lynn A. Colaiacovo, M.D., P.C. is required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health care information, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practice that currently is in effect. This notice replaces all prior notices and applies to all protected health information that we maintain.

If you have any questions regarding this notice, you may contact our privacy officer at:

Lynn A. Colaiacovo, M.D., P.C.  
Attention: Privacy Officer  
2501 Shenango Valley Freeway, Suite 1  
Hermitage, PA 16148  
Phone: (724) 983-1820 ext. 6  
Fax: (724) 983-1822

### **I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

#### **A. Treatment, payment, and health care operations**

We may use and disclose your protected health information for treatment, payment, and health care operation purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of those uses and disclosures. **Not every potential use or disclosure for treatment, payment, and health care operation purposes is listed.**

### **1. Treatment**

Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. We may use and disclose your protected health information to help us with your treatment. We may also release your protected health information to help other health care providers treat you. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians 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 physician to whom we have referred you for care.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you.
- We may share and discuss your medical information with an outside laboratory service where we have referred you for testing.
- We may share and discuss your medical information with an outside pathology service where we have sent a specimen for diagnostic purposes.
- We may share and discuss your medical information with an outside home health agency, nursing home, or youth treatment facility.
- We may share and discuss your medical information when obtaining a prior authorization for a medication or service.
- We may share and discuss your medical information with a hospital where we are treating you.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We may use a patient sign-in sheet in the waiting area that is accessible to all patients.
- We may page patients by name in the waiting room when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders or mail you reminders in envelopes with our practice name and return address.

- We may mail you a new patient information packet with our practice name and return address.

## **2. Payment**

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. We may use and disclose your protected health information for our payment purposes, as well as the payment purposes of other health care providers and health plans. Some examples of payment uses and disclosures include:

- Sending your insurance company a bill for your visit and/or verifying coverage to determine whether you are eligible for coverage.
- 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 health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing your bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person who is designated as responsible for payment of services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- To perform a credit card transaction.
- 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 information to a collection agency for purposes of securing payment of a delinquent account.

## **3. Health care operations**

Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. 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.
- Conducting training programs for medical and other students.
- Conducting other medical review, legal services, and auditing functions.
- Reviewing the competence, qualifications, or performance of health care professionals.
- 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.

## **B. Uses and disclosures for other purposes**

We may use and disclose your protected information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every potential use or disclosure in a category will be listed. Some examples fall into more than one category not just the category under which they are listed.

### **1. Individuals involved in care or payment for care**

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your post-operative care with a family member.

### **2. Notification purposes**

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the name and address of the hospital and your general condition. In addition, we may disclose your protected health information to a disaster relief entity, such as the American Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

### **3. Required by law**

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving child abuse, disease prevention and control, medical device-related deaths and serious injuries, criminal acts, driving impairments, and death.

#### **4. Other public health activities**

We may use and disclose protected health information for public health activities, including: public health reporting, for example communicable disease reports, child abuse and neglect reports, FDA-related reports and disclosures, for example, adverse event reports, and OSHA requirements for workplace surveillance and injury reports.

#### **5. Victims of abuse, neglect, or domestic violence**

We may use and disclose protected health information for purposes of reporting of abuse, neglect, or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

#### **6. Health oversight activities**

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

#### **7. 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 at issue.

#### **8. Law enforcement purposes**

We may use and disclose protected health information for certain law enforcement purposes which may include: complying with a legal process such as a search warrant, respond to a request for information for identification/location purposes, respond to a request for information about a crime, provide information regarding a crime on our premises, or report information related to the commission of a crime obtained while providing emergency medical care.

#### **9. Coroners and medical examiners**

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

#### **10. Funeral directors**

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

#### **11. Organ and tissue donation**

For purposes of facilitating organ, eye, and tissue donation and transplantation, we may use and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

#### **12. Threat to public safety**

We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

#### **13. Specialized government functions**

We may use and disclose protected health information for purposes involving specialized government functions including: military/veterans activities, national security/intelligence, protective services for the President and others, medical suitability determinations for the Department of State, or correctional institutions and other law enforcement custodial situations.

#### **14. Workers' compensation and similar programs**

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

#### **15. Business Associates**

Our "Business Associates" are entities that provide services to our practice and that require access to protected health information of our patients in order to provide those services. A business associate of our practice may create, receive, maintain, or transmit protected health information while performing a function on our behalf. For example, we may share with our billing company information regarding your care so that the company can file health insurance claims and bill you or another responsible party. In addition, we may share protected health information with a business associate who needs this information to provide a service for us. We may share information regarding your care with our transcription company who transcribes patient notes or our attorney who may need access to protected information to provide legal services to us. Our business associates may use and disclose your protected health information consistent with this notice and as otherwise permitted by law. To protect your protected health information, we require business associates to enter into written agreements that they will appropriately safeguard the protected health information they require to provide the services they have agreed to provide.

#### **16. Creation of de-identified information**

We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed for research purposes. When your information has been de-identified in this way, having had all information removed that could reasonably identify that the information is yours, we may disclose this information without your authorization as it is no longer considered protected health information.

### **17. Incidental disclosures**

We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room or see your name on a chart at the check-in or check-out desk.

#### **C. Uses and disclosures with authorization**

For all other purposes that do not fall under a category listed under sections I.A and I.B, we must obtain your written authorization to use or disclose your protected health information.

In addition, we are required to obtain your authorization for most uses and disclosures of psychotherapy notes, to use and disclose your protected health information for most marketing purposes or to sell your protected health information.

Your authorization can be revoked at any time. However, we are not able to retract uses and disclosures made with your authorization prior to the effective date of the revocation.

## **II. PATIENT RIGHTS**

### **A. Further restriction on use or disclosure**

You have a right to request that we restrict a use and disclosure of your protected health information, which we are otherwise permitted to make, for treatment, payment, or health care operations, to someone who is involved in your care or payment for your care, or for notification purposes.

We are not required to agree to a request for such a restriction, with one exception involving self-pay services. We must agree to a request not to disclose your protected health information to health plan for payment or health care operation purposes if the information pertains solely to a health care item or service for which we have been paid in full by you or someone other than the health plan and the disclosure is not otherwise required by law.

To request a further restriction as outlined in this section, you must submit a written request 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 to apply.

### **B. Confidential communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We will accommodate requests for confidential communications as long as they are reasonable.

To make a request for confidential communications, you must submit a Request for Alternative Communications form that can be obtained from 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.

#### **C. Accounting of disclosures**

You have the right to obtain, upon request an “accounting” of certain disclosures of your protected health information. This right is subject to limitations, such as how far back the accounting must cover and the scope of the covered disclosures. In addition, in some circumstances we may charge you for providing the accounting. To request an accounting, you must submit a Request for Disclosure Accounting form that can be obtained from our privacy officer. The request should designate the applicable time period.

#### **D. Inspection and copying**

You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. Generally, this includes your medical and billing records. This right is subject to limitations. In certain cases, we may deny your request. We also may impose charges for the cost involved in providing copies, such as labor, supplies, and postage, as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested be provided in electronic form. We will accommodate your request for a specific electronic form or format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach agreement on an alternative readable electronic form. If you request a copy of your information electronically on a moveable electronic media (such as a CD or USB drive) we may charge you for the cost of that media.

To exercise your right of access to your protected health information, you must submit a Request for Access to Records form that can be obtained from our privacy officer. The request must: (a) describe the health information to which access is requested; (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy; (c) specify any requested form or format, such as paper copy or an electronic copy (if records are maintained electronically); and (d) include the mailing address, if applicable.

You may also request that your protected health information be directly transmitted to another person or entity. To exercise this right, you must submit a request to our privacy officer by completing a Record Release form that can be obtained from our privacy officer. The request must: (a) be in writing and signed by you; and (b) clearly identify both the designated person or entity and where the information should be sent.

#### **E. Right to amendment**

You have the right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. This right is subject to limitations. In certain cases, we may deny your request for an amendment. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each request change. To exercise this right, you must submit a Request to Amend Medical Information form that can be obtained from our privacy officer.

#### **F. Copy of privacy notice**

You have the right to receive, upon request, a copy of our Notice of Privacy Practices. Copies are available in our office reception area, on our website ([www.hermitagedermatology.com](http://www.hermitagedermatology.com)), or by contacting our privacy officer.

#### **G. Notification of breach**

You have the right to receive timely written notice of a breach of your unsecured protected health information.

### **III. CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we or our business associate's maintain, including information that we or our business associates created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room for the practice. At any time, patients may review the current notice by contacting our privacy officer. Patients also may access the current notice at our website at [www.hermitagedermatology.com](http://www.hermitagedermatology.com).

### **IV. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to our privacy officer who may be contacted at:

Address: Lynn A. Colaiacovo, M.D., P.C.  
Attention: Privacy Officer  
2501 Shenango Valley Freeway, Suite 1  
Hermitage, PA 16148

Telephone: (724) 983-1820 ext. 6

Fax: (724) 983-1822

You may also submit a complaint to the Office of Civil Rights at:

Office of Civil Rights  
US Department of Health and Human Services  
150 S. Independence Mall West, Suite 371  
Public Ledger Building  
Philadelphia, PA 19106-9111  
(215) 861-4441  
**Hotline: (800) 368-1019**  
Fax: (215) 861-4431  
TDD: (215) 861-4440

You will not be retaliated against for filing a complaint.

#### **V. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.