



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. Your Protected Health Information

Embrace Dermatology and Aesthetics, LLC is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

II. Uses and Disclosures of Your Protected Health Information

A. Treatment, payment, and health care operations.

This section describes how we may use and disclose your protected health information for treatment, payment and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations purposes will be listed.

1. Treatment

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some other examples of treatment uses and disclosures include:

- We may have you sign an sign-in sheet upon arrival and will page you in the waiting room when it is time for you to go to an examination room.
- We may leave messages on your answering machine/voicemail regarding your appointment or to request you contact us to discuss test results.
- We may transport your medical records to any of our office locations as needed.

EMBRACE DERMATOLOGY AND AESTHETICS, LLC
123 Chestnut Street, Suite 300
Philadelphia, PA 19106

Phone: 267- 609- 2424 Fax: 267-609-2425

909 Sumneytown Pike, Suite 105
Spring House, PA 19477

2. Payment

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. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, submission of a claim to your health insurer.

3. Health Care Operations

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

- Quality assessment and improvement activities

- Health care fraud and abuse detection and compliance programs

B. Uses and Disclosures for Other Purposes

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category.

1. Individuals Involved in Care or Payment for Care

Such as a spouse, a family member or close friend. For example: If you have a procedure we may discuss your physical limitations with a family member or other individuals assisting in your care. We will only discuss your care with individuals who you have identified on our consent to treat form. This form identifies individuals who can be provided with information about your care.

2. Notification Purposes

To notify a family member, a personal representative, or another person responsible for your care, regarding your location, general condition or death.

3. Required by Law or Law Enforcement

When required by federal, state or local law. For example: We may disclose protected health information in response to a court order or subpoena.

4. Public Health Activities

For example: Filing communicable disease reports with public health agencies.

5. Business Associates

Certain functions of the practice performed by a business associate such as a consulting firm, an accounting firm or a 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 attorney information regarding your care and payment for your care and payment for your care in the event a legal situation occurs.

C. Uses and Disclosures with Authorization

For all other purposes which do not fall under a category listed under Section II (subsections A and B), we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

III. Patient Privacy Rights

A. Further Restriction on Use or Disclosure

You have the right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment or health care operations, to someone who is involved in your care or the payment for your care or for notification purposes. We are not required to agree to the request for a further restriction.

To request a further restriction, 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 right to request we communicate your protected health information to you by a certain means or at a certain location. For example: You might request we only contact you by mail or at work. We are not required to agree to requests for confidential communications which are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another entity is responsible for payment, that request must explain how payment will be handled.

C. Accounting of Disclosures

You have right upon request to obtain an “accounting” or certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also, in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. This 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 records set. This right is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. This request must: (a) describe the health information to which the 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 means, and (d) include the mailing address if applicable.

E. Right to Amendment

You have the right to request we amend protected health information we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change you want and provide a reason to support each requested change.

F. Paper Copy of Privacy Notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, please contact our privacy officer.

IV. 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 we maintain at the time of the change – including information we 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.

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V. Complaints

If you believe we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

VI. Legal Effect of this Notice

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

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