

# **LEGACY DERMATOLOGY GROUP**

## **NOTICE OF PRIVACY PRACTICES**

(Effective April 1, 2023)

**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.**

We understand that health information about you and your health care is personal and are committed to protecting health information about you. Your personal health information is protected by the Health Insurance and Portability Accountability Act (“HIPAA”) and other privacy laws and regulations. This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information (“PHI”) “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us and the Department of Health and Human Services if you believe we have violated your privacy rights.

### **How We May Use and Disclose Medical Information About You**

We use and disclose medical information about you for different purposes. Each of those purposes is described below.

- **For Treatment**

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your medical information with

them. Similarly, we may refer you to another health care provider and, as part of the referral, share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them, so they have information they need to provide services for you.

- **For Payment**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company or a third-party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program.

- **For Health Care Operations**

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers and students working for Legacy Dermatology Group. We may also use the information to study ways to more efficiently manage our organization.

- **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see the section "Right to Receive Confidential Communications" contained in this Notice.

- **Treatment Alternatives**

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

- **Health Related Benefits and Services**

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

- **Marketing Communications**

We may use and disclose medical information about you only to communicate directly with you about a service provided through our office. This may include:

- to describe a service that is provided by us;
- for treatment that is provided to you by us; or
- for services provided by us to assist you by doing such things as directing or recommending alternative treatments, therapies, health care providers or settings of care.

We may communicate directly to you about products and services in a face-to-face communication by us to you and we may communicate about products or services in the form of a promotional gift of nominal value.

Any marketing of our services to you utilizing your medical information will be done only with your written authorization and consent.

- **Individuals Involved in Your Care**

We may disclose to a family member, other relative, a close personal friend or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care, or payment related to your care, as long as you have been given an opportunity to agree or object, or we can reasonably infer from the circumstances that you do not object. We also may use or disclose medical information about you to notify, or assist in notifying, those

persons of your location, general condition or death. If there is a family member, other relative, or close personal friend to whom you do not want to disclose medical information about you, please notify Legacy Dermatology Group or tell our staff member who is providing care to you.

- **Required by Law**

We may use or disclose medical information about you when we are required to do so by law and the disclosure complies with the requirements of such law.

- **Public Health Activities**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, injury or disability. It includes a public health authority or agency that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity. There are other public health authorities to whom we may report or disclose your medical information. The above are simply examples.

- **Victims of Abuse, Neglect or Domestic Violence**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect or domestic violence if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is required by law, and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims.

- **Health Oversight Activities**

We may disclose medical information about you to a health oversight agency, such as the Michigan Department of Health and Human Services or a licensing or regulatory agency, for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs and

entities subject to various government regulations.

- **Judicial and Administrative Proceedings**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal; however, we will only disclose the medical information expressly authorized by the court order. We may also disclose medical information about you in response to a subpoena, discovery request or other legal process. In these cases, we will seek satisfactory assurances from the party seeking your medical information that you have been given notice or reasonable efforts have been made to secure a protective order on your behalf.

- **Disclosures for Law Enforcement Purposes**

Under certain circumstances, we may disclose medical information about you to a law enforcement official for law enforcement purposes. Some examples include the following: response to a court order, grand jury subpoena, administrative subpoena, court ordered warrant, or civil investigative demand; reporting certain types of wounds or injuries; or disclosures made due to crimes that occur on Legacy Dermatology Group's premises.

- **Coroners and Medical Examiners**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

- **Funeral Directors**

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation**

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **Research (if applicable)**

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Legacy Dermatology Group during that person's review of the information.

- **To Avert Serious Threat to Health or Safety**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Specialized Government Functions**

We may disclose medical information about you to authorized federal officials for national security reasons, including the conduct of intelligence, counterintelligence and other national security activities authorized by law. There are other permitted disclosures that may occur relating to matters of national security.

- **Workers Compensation**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Other Uses and Disclosures**

Your written authorization will be obtained for: (a) most uses and disclosures of psychotherapy notes (to the extent that Legacy

Dermatology Group records or maintains these types of notes); (b) uses and disclosures of your medical information for marketing purposes; and (c) disclosures that constitute a sale of your medical information. In addition, other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke such an authorization at any time by contacting Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328, in writing of your desire to revoke it. However, if you revoke such an authorization, it will not affect any actions already taken by us in reliance on it.

### **Your Rights with Respect to Medical Information About You**

You have the following rights with respect to medical information that we maintain about you.

- **Right to Request Restrictions**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

As long as the disclosure is not required by law, you have the right to restrict the disclosure of your medical information to a health plan if the disclosure is being made for payment or health care operations purposes and you have already paid for the item or service in full out of pocket.

To request a restriction, you may do so at any time. If you request a restriction, you should do so in writing to Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328. You should tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to your sibling).

*We are not required to agree to any requested restriction except your right to restrict disclosure of your medical information to a health plan as described above. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even*

if we agree to a restriction, either you or we can later terminate the restriction.

- **Right to Receive Confidential Communications**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communications, you must do so in writing by sending the request to Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to Legacy Dermatology Group, 1392 Cass Lake Road, Waterford, MI 48328. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information involved is information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding, or if we make determination that it can be denied under state or federal law.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend**

You have the right to ask us to amend medical information about you. This only applies to information generated by Legacy Dermatology Group. To change records generated by another provider (such as a physician), you must contact that provider.

You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- is not part of the medical information maintained by us;

- would not be available for you to inspect or copy; or
- is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreement with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

- **Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting. Certain types of disclosures are not included in such an accounting, which include, but are not limited to the following:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures of your medical information made to you;
- Disclosures that are incidental to another use or disclosure;
- Disclosures that you have authorized;
- Disclosures for our facility directory or to persons involved in your care;

- Disclosures for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials having custody of you;
- Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed); and
- Disclosures made six (6) years prior to the date we receive your request.

Under certain circumstances, your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy

Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, [legacydermatologygroup.com](http://legacydermatologygroup.com).

To obtain a paper copy of this notice, contact Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328.

### **Our Duties**

- **Generally**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

You have a right to receive notifications of any breach of your unsecured medical information. A breach of your unsecured medical information generally means that the medical information was used or disclosed in a way that was not permitted by law and the medical information was readable or decipherable by the unauthorized person or entity.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices**

A copy of our current Notice of Privacy Practices will be posted at our office as well as on our web site, [legacydermatologygroup.com](http://legacydermatologygroup.com).

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328 or by calling (248) 338-6400.

- **Complaints**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328 or by calling (248) 338-6400. Please follow up any complaint made by telephone in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201 or on the internet at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You may also contact the regional office of the Health and Human Services Office of Civil Rights at Midwest Region, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, voice phone (800) 368-1019, Facsimile (202) 619-3818, TDD (800) 537-7697 or e-mail at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

You will not be retaliated against for filing a complaint.

- **Questions and Information.**

If you have any questions or want more information concerning the regional office of the Health and Human Services Office of Civil Rights you can contact us in writing at Legacy Dermatology Group 1392 Cass Lake Road, Waterford, MI 48328 or by calling (248) 338-6400.