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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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE HIPAA PRIVACY OFFICER IDENTIFIED IN THIS FORM

Your medical information is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by our office whether made by Dr. Fivenson or one of the employees at this office.

This Notice will tell you about the ways in which we may use and disclose your medical information, and also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

This Office is required by law to:

- (1) Make sure that medical information that identifies you is kept private.
- (2) Give you this Notice of our legal duties and privacy practice with respect to medical information about you.
- (3) Follow the terms of the Notice that is currently in effect.

HOW THIS OFFICE MAY USE & DISCLOSE YOUR MEDICAL INFORMATION:

The following describes the different ways your medical information may be used or disclosed by this office. For clarification we have included some examples. Not every possible use and disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment: We will use medical information about you to provide you with medical treatment & services. We may disclose medical information about you to doctors, nurses, technicians, and other office personnel who are involved in providing you medical treatment.

For Payment: We may use and disclose medical information about you so that the treatment and service you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for treatment.

For Health Care Operations: We may use and disclose medical information about you for office operation. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatments & services here in the office. We may also combine medical information about many of our patients to decide what additional services the office should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We will remove information that identifies you from the set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at this office.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

As Required By Law: We will disclose medical information about you when required to do so by federal state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain disease, child abuse and neglect, domestic violence, adverse drug reactions, etc.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners & Medical Examiners: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

1.

USES & DISCLOSURES REQUIRING AN AUTHORIZATION

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with a written authorization. If you provide us such an authorization in writing to use or disclose medical information about you and decide not, you may revoke that authorization in writing, at any time, except to the extent that we have acted in reliance of it. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. The following are examples of uses and disclosures requiring an authorization:

Psychotherapy Notes: If we maintain information qualified as "psychotherapy notes", we must obtain an authorization for any use or disclosure of psychotherapy notes, except to carry out the following treatment, payment, or health care operations.

Marketing: We are required by law to receive a written authorization before we use or disclose your health information for marketing purposes, except if the communication is in the form of a face-to-face communication made by us to you or a promotional gift of normal value we provides. If the marketing involves direct or indirect remuneration to us from a third party, the authorization must state that such remuneration is involved. If the marketing involves financial remuneration to us from a third party, the authorization must state that such remuneration is involved.

Sale of PHI (Protected Health Information): UNDER NO CIRCUMSTANCES will we sell our patients lists or your health information to any company.

PATIENT RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information this office maintains about you:

Right to Inspect & COPY: You have the right to inspect and copy your medical information with the exception of any psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to HIPAA Privacy Officer. If you request copies of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We maintain your records in an electronic health record system. You also have the right to request that an electronic copy of your records be sent to another physician or entity. We may also charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health records.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information was created by this office. To do this, please submit in writing to the HIPAA Privacy Officer at our practice the reason to support your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by this office, is not part of the information which you would be permitted to inspect & copy, or information is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures our office has made of your medical information. We are not required to list certain disclosures, including disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations. To request this accounting of disclosure, you must submit your request in writing to the HIPAA Privacy Officer at our practice.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. To request restrictions, you must make your request in writing to the HIPAA Privacy Officer at this office.

We are required to agree to your request unless the information is needed to provide you emergency treatment, the disclosure is to a health plan for purpose of receiving payment or medical information pertains solely to a health care item or service which we have been paid out of pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you only in certain manner. For, example, you can request we only contact you at work, cell phone, email, etc. If you request confidential communications, you must make your request in writing to the HIPAA Privacy Officer at this office.

Right to Receive Notice of Discovery of a Breach of Unsecured Protected Health Information: We are required to notify you of any breach of unsecured protected health information concerning you following the discovery of the breach when required by regulation.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may obtain a copy of this Notice from the front office or on our website at fivensondermatology.com.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office contact:

Heather Gibson, HIPAA Privacy Officer (734)222-9630
David Fivenson, MD, Dermatology, PLLC
3001 Miller Road
Ann Arbor, MI 48103

All complaints must be submitted in writing.

**THIS OFFICE WILL NOT PENALIZE YOU IN ANY WAY FOR FILING
A COMPLAINT.**