

SOUTH END DERMATOLOGY & SKIN CARE

Carl F. Schanbacher, M.D.

321 Columbus Avenue, Suite 2R
Boston, Massachusetts 02116
Phone 857-362-7330 Fax 857-362-7332
SouthEndDermatology.com

NOTICE OF INFORMATION PRACTICES

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.

Uses and disclosures of health information

We use health information about you for treatment (diagnostic testing, prescription, referral, etc.); to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.); for administrative purposes (reporting, utilization management, quality improvement and surveys, etc.); and to evaluate the quality of care that you receive. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you.

We may apply a change to our policies at any time. Before we make a significant change in our policies, we will change our notice and provide the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the office manager.

Individual rights

You have the right to look at, get a copy of, or receive electronically protected health information about you that we use to make decisions about you. If you request copies, we may charge you \$0.50 (50 cents) for each page plus an administrative fee of not more than \$15.00. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information.

You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the office manager. You also may send a written complaint to the U.S. Department of Health and Human Services. The office manager can provide you with the appropriate address upon request.

Our legal duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

Patient/Guardian Signature: _____ Date: _____

Relationship to patient: _____

