
EFFECTIVE DATE - November 2005

**This notice describes
how medical
information about you
may be used and
disclosed and how you
can get access to this
information.**

***PLEASE REVIEW THIS
INFORMATION
CAREFULLY***

This notice applies to **CENTER CITY
DERMATOLOGY, LLC** and
employee's working at this facility.

Created: 1/3/03

OUR LEGAL DUTY

We are required by law to protect the privacy of your information. We are providing this notice to you so that we can explain what our privacy practices are. We will follow the practices described in this notice or the current notice in effect.

We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. You can also request a copy of our notice at any time.

Complaint

For more information about our privacy practices or to place a complaint or report a concern or conflict, call the number listed below:

267-687-4437

You may also send a written complaint to the United States Department of Health and Human Services if you feel we have not

properly handled your complaint. You can use the contact listed above to provide you with the appropriate DHHS address. Under no circumstance will you be retaliated against for filing a complaint.

CENTER CITY DERMATOLOGY, LLC

**NOTICE
OF
PRIVACY
PRACTICES**

**CENTER CITY
DERMATOLOGY, LLC**

**1500 WALNUT ST.,
STE.1240
PHILADELPHIA, PA 19102
267-687-4437**

How your health information may be used.

We may use health information about you for your billing purposes, to obtain payment, or for healthcare operations and other administrative purposes. Examples of each item mentioned above include:

Treatment: We may need to send your medical record information to another specialist or physician as part of referral for continuity of care.

Payment: We will use your health information and other identifying information for billing Medicare, Medicaid or other health insurance plans.

Operations or administrative purposes: We use your information when processing your medical records for

completeness and to compare patient data to improve our treatment methods.

How your information may be disclosed.

As a medical office, we are subject to certain requirements in which we have to disclose your health information. These disclosures are generally routine to all patients and are done without your specific authorization for several reasons.

- State and Federal laws require us to report cases of abuse, neglect, or other reasons requiring law enforcement,
- public health activities,
- health oversight agencies,
- judicial and administrative proceedings,
- death and funeral arrangements,
- organ donation,

- special government functions including military and veteran requests, and
- to prevent serious threat to health or public safety.

We may also contact you after your current visit for future appointment reminders or to provide you with information regarding treatment alternatives or other health related services that may be of benefit to you.

We will obtain your written authorization for any other disclosures beyond the reasons listed above.

Do remember, if you do authorize us to release your information, you always have the right to revoke that authorization later. We will be happy to honor that request except to the extent that we may have already acted.

The following list explains what your rights are with regards to how your information can be used and disclosed.

Access to your Health Information

In most cases, you have the right to look at or receive a copy of your health information. It may take up to 30 days to prepare your request and there may be a preparation fee associated with making the copies.

Accounting of Disclosures.

You have the right to ask for a list of instances in which we have disclosed your information for reasons other than treatment payment and operations (see middle section of this brochure). We can provide you one list per year without charge, all additional requests in the same year will be subject to a nominal charge.

Amendment/Correction of Health Information. If you believe that the information we have about you is incorrect or if important information is missing, you have the right to request that we amend the existing information. There may some reason that we cannot honor your request for which you submit a statement of disagreement.

Alternate/Confidential Communications. You can request that your health information be communicated to you at an alternate location or address from which you may have registered with such as sending mail to an address other than your home.

Restrictions on Use/Disclosure of Your Health Information. You can request in writing that we not use or disclose your information for any reasons in this brochure or to persons involved in your care except when specifically authorized by you or when required by law, or in emergency circumstances. We are not legally required to accept such a request but we will try to honor any reasonable requests.