



NOTICE OF PRIVACY PRACTICES

OUR COMMITMENT TO YOUR PRIVACY

Farmington Valley Dermatology & Surgery (FVD) is dedicated to maintaining the privacy of your Personal Health Information (PHI).

We will create records regarding you and the treatment and services we provide to you. FVD is required by law to maintain your privacy and to notify you of our legal duties and privacy practices. By federal and state law, we must follow the terms of the Notice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- ✓ How we may use and disclose your PHI
- ✓ Your privacy rights regarding your PHI
- ✓ Our obligations concerning the use and disclosure of your PHI

We reserve the right to revise or amend this Notice of Privacy Practices. The revised or amended Notice will apply to all records created in the past and future. Our practice will post a copy of our current Notice in our office in a

visible location at all times, and you may request a copy of our most current Notice at any time.

If you have any questions about this notice, please contact my practice manager at:

Privacy Officer
120 Simsbury Rd, Suite A
Simsbury, CT 06001
860-674-9900

We may use and disclose your Personal Health Information (PHI) in the following ways:

The following categories describe the different ways, by law, in which we may use and disclose your PHI:

1. Treatment.

- ✓ Laboratory tests
- ✓ Prescriptions
- ✓ To evaluate the quality of care you receive from us
- ✓ Cost management and business planning

2. Payment

- ✓ Billing and collections to insurance carriers
- ✓ The person responsible for your bills
- ✓ Worker compensation/similar programs

3. Treatment Options or Alternatives

4. Appointment Reminders

- ✓ Surgical Appointments
- ✓ Regular Appointments

5. Health-Related Benefits and Services

- ✓ To inform you of health-related benefits and services that may be of interest to you

6. Release to Family/Friends

- ✓ Family Members
- ✓ Caregivers
- ✓ Guardians
- ✓ Social Workers
- ✓ Other persons designated by you

7. Workers Compensation

8. Disclosures Required by Law

- ✓ Federal
- ✓ Orders
- ✓ Warrants
- ✓ State
- ✓ Summons
- ✓ National Security issues
- ✓ Local courts
- ✓ Subpoena
- ✓ Military (required by appropriate authorities)

9. Your Authorization

Written authorization by you for any purpose. It can be revoked at any time. We can not use, release, or disclose your PHI for any reasons except those described in this Notice.

10. Public Health Risks

- ✓ Vital records
- ✓ Child Abuse
- ✓ Domestic Violence
- ✓ Adult Abuse
- ✓ Drug Reactions
- ✓ Disease Control
- ✓ Exposure to Communicable Disease
- ✓ Health Threats (ex: Anthrax)
- ✓ Drug/Product Recalls

11. Health Oversight Activities

- ✓ Investigations
- ✓ Inspections
- ✓ Audits
- ✓ Surveys
- ✓ Licensure
- ✓ Disciplinary actions
- ✓ Civil, administrative and criminal actions
- ✓ Monitor governmental programs
- ✓ Compliance with civil rights laws and the health care system in general

12. National Security

- ✓ Federal Authorities for intelligence and national security activities authorized by law

13. Military

- ✓ U.S. military (if you are a member)
- ✓ Foreign military (if you are a member)

14. Inmates-PHI may be released to correction institutions or law enforcement officials if you are an inmate or under the custody of a law

enforcement official. Disclosure for these purposes would be necessary.

Your right regarding PHI

Confidential Communications- You have the right to request that our practice communicate with you about your health and related issues in a particular manner. Please make a written request to our Privacy Officer. We will accommodate reasonable requests.

Requesting Restrictions – You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or healthcare operations, or to limit the individuals who get the information. We are not required to agree to the request. Please make your request in writing, to our Privacy Officer, and include the following:

- ✓The information you wish restricted
- ✓Whether you are requesting to limit our practice's use and/or disclosure
- ✓To whom you want the limits to apply

Inspection and Copies – You have the right to inspect and obtain a copy of the PHI about you, not including psychotherapy notes. Please send a written request to our Privacy Officer. We may charge a fee for our costs. If we deny your request, you may request a review of our denial (by another licensed healthcare professional)

Amendment – You may ask us to amend your PHI if you believe it is incorrect or incomplete. Make the request in writing to our Privacy Officer. We may deny your request if we believe our information is accurate and

complete or if the information is not part of the PHI we keep.

Account of Disclosure - You have the right to request a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Make your request in writing to our Privacy Officer, stating a time period (less than six years and after April 1, 2003). One list per year is free; we may charge for extra listed requested within a 12 month period.

Right to a Paper Copy of this Notice- Please contact the Privacy Officer.

Right to File Complaints - If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for making a complaint.

Right to Provide Authorization for Other Uses and Disclosures - We will get your written authorization for uses and disclosures that are not identified by this Notice or permitted by law. Your authorization may be revoked at any time in writing.

Farmington Valley Dermatology & Surgery
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