

Pioneer Valley Dermatology, PC

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Notice of Privacy 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.

If you have any questions about this notice please contact our Privacy contact Dr. Richard Wyatt.

“Protected Health Information” (PHI) is information about you, including demographic information and even your name, that may identify you and that relates to your health and health care services.

Pioneer Valley Dermatology is required to abide by this policy, but we may also change the policy from time to time. The current policy will be posted prominently in our office and on our website [www. Pioneervalleyderm.com](http://www.Pioneervalleyderm.com) or requested from our office.

Your PHI may be used and disclosed to help in your treatment, to get payment for services provided to you, and as may be needed to operate this practice:

1. Treatment: We may need to discuss your PHI with others who are involved in your health care-for example, your other doctors, your pharmacy, any authorized family member or special care taker.
2. Payment: We may disclose your PHI to collect payment for our services-for example to your Insurance Company, or anyone that is responsible for your bill. We also use a billing service which has access to some of your PHI.
3. Health Care Operations: In order to operate our business there are many needs to disclose PHI-for example, calling your name in the waiting room, or evaluating the quality of your care such as an independent chart review. We might contact you by mail, telephone or email notifying your of an appointment or of the results of a biopsy or lab test. We might use your name and address to send you announcements, we may leave a message on your answer machine or voicemail.

There are other circumstances when we may disclose specific PHI:

- A. When specifically authorized by you. Most disclosures would require authorization by you and you may be inconvenienced by needing to sign forms specifying what information we can release and to whom-for example, a school physical, life Insurance, work, disability services etc.
- B. Without your authorization: Here are some situations in which we may disclose information about you even if you do not want us to do so:
 1. Public Health Officials and Food and Drug Administration may request information for public health reasons.
 2. Communicable Diseases: If authorized by law we may disclose information to a person who is at risk of contracting or spreading a communicable disease.

3. **Health Oversight:** A health oversight agency for activities authorized by law (Audits, Investigations or Inspections). These include government agencies that oversee the health care system, benefit programs, regulatory programs and civil rights law.
4. **Abuse or Neglect:** We are required by law to disclose suspected child abuse, adult abuse or neglect to a public health authority; in addition we may disclose your information if we believe that you have been a victim of abuse, neglect or domestic violence.
5. **Legal Proceedings:** We may disclose PHI in the course of a judicial or administrative proceeding, in response to a court order, subpoena, discovery request or other lawful process.
6. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by for our practice. To request an amendment, your request must be made in writing and submitted to Dr. Richard Wyatt. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: accurate and complete; not part of the PHI kept by or for the practice; not part of the PHI which you would be permitted to inspect and copy; not created by our practice, unless the individual or entity that created the information is not available to amend the information.
7. **Accounting of Disclosures:** All of our patients have the right to request an “accounting of disclosures”. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment of operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented-For example, the doctor sharing information with the medical assistant; or the billing department using your information to file your insurance claim.
8. **Right to a Paper copy of this Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us anytime for a copy. The simplest way to get a copy of it is to print it off our website, www.pioneervalleyderm.com.
9. **Right to File a Complaint:** If you believe your privacy rights have been violated you may file a complaint with Dr. Richard Wyatt or with the Secretary of the Department of Health and Human Services. All complaints are to be submitted in writing.
10. **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization you have provided to us at any time.

Again, if you have any question regarding this notice or our Health Information Privacy Policy, please contact Dr. Richard Wyatt at 413-549-7400.