

# KUFLIK DERMATOLOGY CENTER

## HIPAA PRIVACY NOTICES

### Your Information. Your Rights. Our Responsibilities.

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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 our Privacy Officer at the website or number listed at the end of this notice.

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### Our Responsibilities

Kuflik Dermatology is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current notice will be posted in the waiting area and on our website at [www.kuflikderm.com](http://www.kuflikderm.com). The notice will include the effective date. In addition, we will make our best effort to provide you with a copy of this notice that we request you acknowledge with your signature. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. Kuflik Dermatology is required by law to adhere to a standard for “minimum necessary” use and disclosure of PHI. We make reasonable efforts to limit the use of, the disclosure of, and the requests for PHI to the minimum necessary to accomplish the intended purpose of any request.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in the waiting area as well as on our website at [www.kuflikderm.com](http://www.kuflikderm.com). You may also request that a revised Notice be sent to you in the mail or you may as for one at your next appointment. This Notice will also serve to advise you as to your rights with regard to your medical information.

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### How Kuflik Dermatology Center May Use or Disclose Your Health Information

**For Treatment**- Kuflik Dermatology Center may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. We may communicate your information either orally or in writing by mail or facsimile.

**For Payment**- Kuflik Dermatology Center may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations**- Kuflik Dermatology Center may use and disclose health information about you for operations purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to: Evaluate the performance of our staff; assess the quality of care and outcomes in your cases and similar cases; learn how to improve our facilities and services; and determine how to continually improve the quality and effectiveness of the health care we provide. In addition, we may also call you by name in the waiting room when your health care provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment by telephone, email or reminder card.

**Business Associates**- there are some services provided in our organization through contracts with business associates. Examples include, but are not limited to, billing collections, document destruction, and software support. If these services are contracted, we may disclose your health information to our business associate so that they may perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to safeguard your protected health information through a written contract.

## **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

Kuflik Dermatology Center also may use and disclose your health information as set forth below. You have the opportunity to agree or to object to the use or disclosure of all or part of your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your provider may, using his/her professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

**Individuals Involved In Your Care Or Payment For Your Care**- unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Future Communications**- Kuflik Dermatology Center may communicate to you via newsletters, mailings, emails, postcards, or other means regarding treatment options, skin care tips, promotions, information on health related benefits or services; to remind you that you have an appointment for medical care, to remind you to make an appointment with our office via a postcard; or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, you can advise us if you would like to opt out of any of the above or you may contact our Privacy Officer who will opt out for you.

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## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

Kuflik Dermatology Center may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object— many of these situations are required by law and such uses and disclosures are used in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/index.html>.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

Preventing disease; Helping with product recalls; reporting adverse reactions to medications;

Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

For workers' compensation claims; for law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law;

For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Your Rights

**Although your health record is the physical property of Kuflik Dermatology Center, you have the right to:**

**Accounting of Disclosures**- you have the right to request in writing an accounting of our disclosures of medical information about you except in certain situations, including disclosures for treatment, payment, health care operations (TPO) or where you specifically authorized a disclosure. Kuflik Dermatology Center will provide the first accounting to you in any 12 month period without charge. This request must be made in writing. Any additional request within the same 12 month period will incur a charge.

**Amend**- You have the right to request an amendment of your medical record if you feel that your medical information is incomplete or incorrect. This request must be made in writing, along with the reason for the request. We may deny your request and if this occurs, you will be notified of the reason for the denial in writing.

**Inspect and Copy**- You have the right to inspect and copy medical information that may be used to make decisions about your care. Your request must be submitted in writing. Usually this includes medical and billing records, but does not include information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy your medical record in very limited circumstances. If you are denied access to your medical records you may request an appeal in writing. The person reviewing your request will not be the person who originally denied your request. The outcome of the review must be complied with. In accordance with New Jersey state law Kuflik Dermatology charges for copies of medical records.

**Request Confidential Communications**- you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. This request must be made in writing. We will agree to the request to the extent that it is reasonable for us to do so.

**Request Restrictions**- you have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations (TPO). You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. This request must be made in writing. We are not required to agree to your request. If we do agree to your request, we will comply unless an emergency situation arises and the information is needed to provide you with emergency treatment.

**Paper Copy of this Notice**- you have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy.

**Breach Notification**- you have a right to be contacted in the event a breach becomes known. A breach will be handled in the following manner: if less than 500 patients are affected they will be notified by first class mail; greater than 500 patients affected will be notified by both a mailed notice and information will be provided to a media outlet (Asbury Park Press, WOBN, NJ News 12). A log will be kept of all breaches. Less than 500 breaches will be submitted to HHS annually; HHS will be contacted immediately if greater than 500 breaches.

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## Complaints

You may complain to Kuflik Dermatology Center if you believe your privacy rights have been violated. You may contact us at 732-341-0515 and ask for the Privacy Officer. You may also contact the office of civil rights regional office or by contacting the secretary of the federal Department of Health and Human Services by calling 1-800-368-1019. All complaints must be made in writing within 180 days of when you knew the violation occurred. You will not be retaliated against for filing a complaint.

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## Contact Information

Privacy Officer: Dawn M. Jackson, LPN

Website: [www.djackson@kuflikderm.com](mailto:www.djackson@kuflikderm.com)

Telephone Number: 732-341-0515 ext. 139

Effective date of Privacy Notice: March 1, 2017