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Advanced Dermatologic Surgery  
ADS Ambulatory Surgery Center**

## **NOTICE OF PRIVACY PRACTICES**

*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.*

*PLEASE REVIEW THIS CAREFULLY.*

The following is the privacy policy of Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

### **Our Pledge Regarding Your Health Information**

We understand that information about you and your health is personal. We call this information "protected health information". It includes information that can be used to identify you. We are committed to protecting the privacy of this information. Each time you visit Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center, we create a record of the care and service you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center, whether made by health care personnel or your physician. **Our primary responsibility is to safeguard your protected health information. We must also give you this notice of our privacy practices, and must follow the terms of the notice that is currently in effect.**

### **Our Responsibilities**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. A copy of the current notice in effect will be available at the reception desk.

### **Disclosure of Your Protected Health Information**

With some exceptions, we may not use or disclose any more of your protected health information than is necessary to accomplish the purpose or use of disclosure. The following categories describe different ways that we use your health information, and disclose this information to persons and entities outside of Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories:

#### **I. FOR TREATMENT**

- a. We may disclose your health information to hospitals, physicians, nurses, and other healthcare personnel in order to provide, coordinate or manage your healthcare or any related services, except where the health information is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal Law.

#### **II. FOR PAYMENT**

- a. We may use and disclose your protected health information in order to bill and collect payment for the treatment and services provided to you. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. We may also disclose information to another provider involved in your care for the other provider's payment activities.

### **III. FOR HEALTHCARE OPERATIONS**

- a. We may use and disclose health information about you for healthcare operations, including quality assurance activities; granting medical staff credentials to physicians; administrative activities including financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc. These uses and disclosure are necessary to operate our healthcare facility and ensure all of our patients receive quality care.
- b. We may also provide your protected health information to our accountants, attorneys, consultants, and others in order to ensure we are complying with the laws that affect us.

### **IV. FOR BUSINESS ASSOCIATES**

- a. There are some services provided in our organization through contracts with business associates. Examples include accreditation agencies, management consultants, quality assurance reviewers, reference laboratories, etc. We may use and disclose your protected health information to our accountants, attorneys, consultants, and others in order to ensure we are complying with the laws that affect us. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

#### **Appointment Reminders**

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our facility. We may also leave messages on your voicemail regarding upcoming appointments, or to ask you to return a call from one of our staff members.

#### **Peer Review Studies and Quality Control**

We may disclose health information to another provider of care as part of peer review and/or Quality Control research.

#### **With Your Verbal Consent**

We may disclose health information about you to a friend or family member, who is involved in your medical care, unless you tell us in writing not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

#### **With Your Written Authorization**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered in your written authorization. Understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization are as follows:

#### **I. DRUG AND ALCOHOL ABUSE**

- a. We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

#### **II. DISCLOSURE OF MENTAL HEALTH INFORMATION**

- a. We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

#### **III. DISCLOSURES REQUESTED BY**

- a. Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center. We may ask you to sign an authorization allowing us to use or to disclose your health information to others for specific purposes such as notifying you of future educational or social events that you might enjoy.

## Special Situations Not Requiring Your Consent or Authorization

### **I. ORGAN AND TISSUE DONATION**

- a. If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

### **II. MILITARY AND VETERANS**

- a. If you are a member of the armed forces, we may release health information about you as required by military command authorities.

### **III. WORKER'S COMPENSATION**

- a. We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits for work-related injuries.

### **IV. AVERTING SERIOUS THREAT**

- a. We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

### **V. PUBLIC HEALTH ACTIVITIES**

- a. We may disclose health information about you for public health activities. These generally include the following:
  - i. To prevent or control disease, injury, or disability
  - ii. To report births and defects
  - iii. To report child or elder abuse or neglect
  - iv. To report reactions to medications, problems with products, or other adverse events
  - v. To notify people of recalls of products they may be using
  - vi. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - vii. To notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### Health Oversight Activities

We may disclose health information to a health oversight agency for activities by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena; discovery request or other lawful process by someone else involved in the dispute. We would only disclose this information if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

### Law Enforcement

We may disclose health information if asked to do so by law enforcement officials for the following reasons:

1. In response to a court order, subpoena, warrant, summons or similar process
2. To identify or locate a suspect, fugitive, material witness or missing person
3. About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement
4. About a death we believe may be the result of criminal conduct
5. About criminal conduct at our facility
6. In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime

### **Coroners and Medical Examiners**

We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of the death or person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

### **National Security**

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### **Inmates**

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, protect your health and safety, protect the health and safety of others, or for the safety and security of the correctional institution.

### **Required by Law**

We will disclose health information about you without your permission when required to do so by federal, state, or local law.

### **Your Health Information Rights**

Although your health record is the physical property of Advanced Dermatologic Surgery and ADS Ambulatory Surgery Center, the information belongs to you. You have the right to:

- I. RESTRICTION**
  - a. Request a restriction on certain uses and disclosures of your health information.
    - i. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- II. COPY**
  - a. Obtain a copy of this Notice of Privacy Practices
- III. INSPECT**
  - a. Inspect and request a copy of your health record. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review.
- IV. AMEND**
  - a. Request an amendment to your healthcare record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our healthcare team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.
- V. ACCOUNTING**
  - a. Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.
- VI. CONFIDENTIAL**
  - a. Request communication of your health information by alternative means or locations.
- VII. REVOCATION**
  - a. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Contact**

If you have any questions about this notice, please contact our Privacy Officer:

Greg Albers, CFO, Practice Administrator  
(913) 661-1775  
[g.albers@advanceddermsurgery.com](mailto:g.albers@advanceddermsurgery.com)  
6901 W 121<sup>st</sup> St.  
Overland Park, KS 66209

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with either of our facilities. This complaint can be submitted to our Privacy Officer (contact information listed above) or to the Department of Health and Human Services. There will be no retaliation for filing a complaint. A complaint must name the entity that is the subject of the complaint and detail the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of the Department of Health and Human Services within 180 days of when you knew that the act of violation or omission occurred.

The U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free Call Center: 1-877-696-6775

\*Please be aware that mail sent to the Washington D.C. area offices takes an additional 3-4 days to process due to security precautions.