

Advanced Dermatology Associates, Ltd.

1259 S. Cedar Crest Blvd, Suite 100 Allentown, PA 18103

Website: adaltd.com

Effective Date of Notice: 01/10/2023

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.**

The purpose of this document is to provide you with adequate notice of uses or disclosures of your Protected Health Information or electronic Protected Health Information also known as PHI/ePHI. This includes your personal demographic, insurance and medical information. Advanced Dermatology Associates, Ltd., is required by law to safeguard your PHI/ePHI and be bound by the terms of this notice unless amended in accordance with the law. Unless specifically allowed by or required under federal law or regulation, the sale of PHI/ePHI is prohibited. In addition, at your sole discretion, you may opt out of any fundraising activities within the practice.

PHI/ePHI will be used for treatment, payment and healthcare operations.

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- We can use and share your health information to bill and receive payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services. ****NOTE**** You may choose to pay out of pocket and restrict the release of information to your health plan.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. We use health information about you to manage your treatment and services. We will send reminders about appointments, and procedures via emails, texts or personal calls if needed. Pre-Checkin is a software feature utilized by sending a link to your mobile phone and/or email address. Recall letters will be sent for future appointments if unable to schedule at the time and pathology results via telephone, emails or letters. If you do not wish to receive these notifications, office personnel of Advanced Dermatology Associates, Ltd., will note your request in your electronic chart information. You have the right to place restrictions, by written or verbal requests, on how Advanced Dermatology Associates, Ltd., communicates regarding these procedures.

Distributing of PHI/ePHI for other purposes will require a record release form be completed with signatures & witnesses prior to release of information. Sensitive PHI/ePHI such as substance abuse, mental health conditions, sexual abuse, or testing for HIV, regardless of results, must have a separate signed record release form completed for disclosure, otherwise the information will not be disclosed, as set forth in 45 P.S. 7601 et seq.

Genetic information is protected under HIPAA regulations. Pennsylvania law prohibits all healthcare providers from disclosing this information unless reasonable disclosure is medically necessary.

Your Rights

- You have the right to request your PHI/ePHI be amended if you feel your medical record is incorrect. The provider has the right to grant or deny this request.
- You have the right to restrict how we use or disclose your PHI. We are not required to accept this request. If restriction is accepted, we will not deviate from the restriction.
- You have the right to access PHI/ePHI, inspect and copy your records. Request must be in writing and we will respond within 60 days. If you need to come to the office to do this, a private room will be provided along with an employee of Advanced Dermatology Associates, Ltd. The employee will act as a witness and answer any questions.

- You may also view and download your medical records via our secure online patient portal which is password-protected for security of PHI/ePHI and is available at no cost. ****NOTE**** Once health information is received from our practice, at the patient's direction, or by the app, the information is no longer subject to the protection of the practice through HIPAA privacy and security. It now becomes the responsibility of the patient to protect their medical information. A patient acknowledgement must be signed before a patient may download their medical information onto the app of their choice.
- You have the right to request a list of accounting disclosures of PHI from past 6 years
- You have the right to request a copy of this Privacy Notice, and the receptionist will provide a copy upon your request. Advanced Dermatology Associates, Ltd., reserves the right to revise the Privacy Notice at any time. If revisions are made to the Privacy Notice, a copy or amendment of the Privacy Notice will be presented to you, upon your request, at your next visit.
- If you have a complaint regarding the safeguarding of your PHI/ePHI by Advanced Dermatology Associates, Ltd., you may contact our Compliance Officer/Manager listed at the end of this document. You may also contact the Department of Health and Human Services (DHHS) in Philadelphia, PA (215-861-4633), if you have further questions or concerns. Should you wish to remain anonymous, you may send a letter addressed to the Compliance Officer/Manager. There will be no retaliation on any complaints from patients.
- HIPAA's HITECH Privacy Act requires all practices to implement the "minimum necessary standard". This means an employee of the practice is required to use the minimal amount of PHI necessary to perform their job tasks. This Act strengthens the privacy and security of health information and is an integral part of the efforts of Advanced Dermatology Associates, Ltd., to broaden protection of its patients' records.
- All business associates of Advanced Dermatology Associates, Ltd., are bound by the Act as well, and are instructed to keep any PHI/ePHI private and secure when coming into contact with it as they perform services.

Information can be released without your authorization in certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Judicial/Administrative proceedings
- Law enforcement
- When Required by Department of Health & Human Services or Office of Inspector General
- Program monitoring & evaluation
- Reporting adverse reactions to medications

Research, Marketing or Fundraising: All PHI/ePHI will be de-identified (HIPAA identifiers removed) and proper authorization must be in place prior to releasing information.

Breach Disclosures: We are required by law to maintain the privacy and security of your PHI/ePHI. We will notify you 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.

Further information, questions or concerns regarding this notice, please contact the Compliance Officer listed below:

Stephanie Kels, CPCO, CDC
 Phone: 610-437-4134 ext. 138
 Email: skels@adaltd.com