

ACCENT DERMATOLOGY AND LASER INSTITUTE PLLC

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Red Rocks Medical Center
Golden, Colorado 80401
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www.coloradoderm.com

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.**

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, _____, have received a copy of:
(Patient / guardian name)

ACCENT DERMATOLOGY AND LASER INSTITUTE'S Notice of Privacy Practices.

Please print name

Signature of patient/guardian

Date

For Office Use Only

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign**
- Communications barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining acknowledgement**
- OTHER (PLEASE SPECIFY):**

STAFF SIGNATURE

This acknowledgement will be filed in your records

ACCENT DERMATOLOGY AND LASER INSTITUTE HIPAA PRIVACY NOTICE

Effective 4/14/2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

INTRODUCTION:

ACCENT DERMATOLOGY AND LASER INSTITUTE (ADLI) is required by law to maintain the privacy of Protected Health Information (PHI). This notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. "Protected Health Information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice and to make the revised notice effective for all PHI we maintain. If we revise the notice, a new notice will be sent to you. You can, at any time, request a copy of our most current privacy notice or you can access it on our website at www.coloradoderm.com

PERMITTED USES AND DISCLOSURES:

ADLI is permitted to use or disclose your PHI for purposes of *payment* and *health care operations*.

Payment includes activities we undertake to determine or fulfill our obligations for coverage and benefits under your health plan, including determinations of eligibility or coverage, cost-sharing amounts, coordination of benefits, claims processing, billing, claims management, collection activities, obtaining payment under a contract for reinsurance and related health care data processing, and utilization review activities. For example, we may obtain information from your health care providers to process a claim. In addition, *payment* includes our disclosure of your PHI to a provider or another health plan for their payment activities. For example, we may disclose your PHI to another health plan for Coordination of Benefits purposes.

Health care operations means the activities of ADLI, to the extent that the activities are related to ADLI's operations as providing Dermatologic/Medical care. *Health care operations* activities also include activities of a provider or health plan relating to fraud abuse and detection or for compliance purposes. ADLI is permitted to disclose your PHI to, or receive your PHI from, a provider or another health resource for this purpose, as long as you have a direct relationship with us, as well as with the provider or other health source.

OTHER USES AND DISCLOSURES OF PHI

ADLI may contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Except for the special circumstances listed below, we will not use or disclose your PHI for any other purpose unless you provide written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

SPECIAL CIRCUMSTANCES

ADLI may use or disclose your PHI without your authorization in the following special circumstances:

- . As required by law
- . Public health activities
- . Reports to appropriate authorities concerning victims of abuse, neglect, or domestic violence
- . Health oversight activities
- . Judicial and administrative proceedings
- . Law enforcement purpose
 - Regarding decedents for identity, cause of death, or as allowed by law, to coroners, medical examiners, and
Funeral directors
 - Cadaveric organ, eye, or tissue donation
- . Research
- . To avert serious threat to health or safety.

Specialized Government Function, including national security and intelligence activities

Worker's Compensation. If Colorado has a privacy law that provides you greater protections; ADLI will comply with that law.

YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of PHI for payment and health care operations. However, we are not required to agree to your request.
2. You have the right to make a reasonable request, in writing, to receive communications of PHI, confidentially, by alternative means or at alternative locations.
3. You have the right to inspect and obtain a copy of the PHI that ADLI maintains regarding your enrollment, payment, claims, and other medical records that ADLI may use to make decisions about your Health care/coordination of care by making a request in writing to the HIPAA Privacy Office, except for:
 - (i) psychotherapy notes;
 - (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - (iii) PHI obtained from someone other than ADLI under a promise of confidentiality, if the access requested would be reasonably likely to reveal the source of the information.

We also may deny a request for access to PHI if:

- . a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
- . the PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- . the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed. Another health care professional chosen by us will conduct the review.

ADLI is permitted to charge a reasonable fee for copying and mailing the PHI.

4. You have the right to request in writing an amendment to your PHI, but we may deny your request for amendment if we determine that the PHI or record that is the subject of the request:
 - (i) was not created by ADLI, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
 - (ii) is not part of your enrollment, payment, claims or other medical records that ADLI may use to make decisions about your health.
- (iii) is accurate and complete.

Any agreed upon amendment will be either attached to or included in your records. Please do not use this formal amendment process for administrative changes such as change of address, change of name, adding or dropping a release of medical information. We ask that you notify us of those changes at the time of your office visit when you are asked to update medical/personal information.

5. You have the right to request in writing an accounting-of disclosures of PHI made, by ADLI, within the six years-prior-to-to the date of your request, except for disclosures:
 - (i) to carry out payment and health care operations as provided above;
 - (ii) that you authorized or that we made to you;
 - (iii) that occurred prior to April 14, 2003;
 - (iv) to persons involved in your care or payment for care;
 - (v) as part of a limited data set, as provided in the HIPAA Privacy Rule;
 - (vi) for national security or intelligence purposes as provided by law;
 - (vii) to correctional institutions or other custodial law enforcement officials as permitted by the HIPAA Privacy Rule; or
 - (viii) incident to a use or disclosure required or permitted by the HIPAA Privacy Rule.

6. You have the right to request a paper copy of this notice from ADLI

7. If you believe that your privacy rights have been violated, you have the right to file a written complaint with ADLI. We will not penalize you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

CONTACT PERSON

To file a written complaint, to request access, amendment or accounting, or if you would like further information about this notice, please contact: HIPAA Privacy Officer, ACCENT DERMATOLOGY AND LASER INSTITUTE, 1536 Cole Blvd. Suite 120, Denver West Office Park Bldg. 4, Lakewood, Colorado 80401. TEL: 303-463-9600.