

# Dermatology Associates

of Western Connecticut, PC



Jeffrey D. Knispel, M.D. Beth A. Buscher, M.D. Kimberly M. Eickhorst, M.D. Alicia D. Zalka, M.D.  
Laurence A. Sibrack, M.D. Caroline L. LaRosa, M.D. Carmela J. Luzi, PA-C. Maja Matwiejczuk, APRN

## **Notice of Privacy Practices**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO YOUR PROTECTED INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

**Policy Effective: April 14, 2003**

**Notice Updated: July 15, 2019**

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and your treatment and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights in your PHI.
- Our obligations concerning the use and disclosure of your PHI.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose your Protected Health Information for purposes of treatment, payment, and health care operations.

Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure or potential use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- **Medical Treatment.** We may use or disclose your previously obtained Protected Health Information to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information

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120 Park Lane Rd Suite A-203 New Milford, CT 06776 • (860) 350-4152 • Fax (860) 354-3804  
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about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the practice who may be involved in your medical care after you leave the practice; this may include your family members, or other health care providers we use or other referring providers. Unless clearly instructed to the contrary, we may release medical information about you to a friend or family member who is specifically named as a party to be involved in your medical care. We may also give information to someone who helps to pay or pays for your care.

- **Payment.** We may use and disclose your Protected Health Information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to disclose health care information about treatment you received at the practice in order to obtain payment or reimbursement for your care. We may also inform your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.
- **Health Care Operations.** We may use and disclose your Protected Health Information so that we can run our practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, implementing additional services or eliminating unneeded services, and determining the efficacy of new treatments. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without identifying a specific patient.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, in all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

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- **Appointment and Patient Recall Reminders.** We may use and disclose Protected Health Information to contact you as a reminder that you have an appointment for medical care with the practice or that you are due to receive periodic care from the practice. This contact may be by phone, in writing, e-mail, and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be viewed or heard by others.
- **Treatment Alternatives.** We may use and disclose Protected Health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose Protected Health Information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release Protected Health Information about you to a friend or family member who is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to our office for treatment. In this example, the babysitter may have access to this child's medical information. If you are available, we will give you an opportunity to object to these disclosures, and will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment. We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, and similar forms of PHI when we determine, in our professional judgment that it is in your best interest to make such disclosures. 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.
- **Communication Barriers.** We may use and disclose your Protected Health Information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers. In situations where a staff member, other than the physician or medical personnel directly involved in your care, acts a translator, we may use and disclose your protected health information to that individual.
- **Research.** Under certain circumstances, we may use and disclose your Protected Health Information for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which reviews the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Before we use or disclose medical information for research, the project will have been approved through a research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them identify patients with specific medical needs, as long

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as they do not remove, or take a copy of any Protected Health Information. There will be no disclosure of identifiable information unless the recipient of such information agrees to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

- **As Required By Law.** We will disclose Protected Health Information about you when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health or safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to provide consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

## **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI 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.
- **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths;
  - reporting child abuse or neglect;
  - preventing or controlling disease, injury or disability;
  - notifying a person regarding potential exposure to a communicable disease;



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- notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - reporting reactions to drugs or problems with products or devices;
  - notifying individuals if a product or device they may be using has been recalled;
  - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and/or
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may also use such information to defend ourselves or any member of our practice in any actual or threatened legal action.
- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Law Enforcement.** We may release your Protected Health Information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the practice; and
  - 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.

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- **Coroners, Medical Examiners and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out their duties.
- **Military, National Security and Intelligence Activities.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.

## THIS SECTION DESCRIBES YOUR RIGHTS AND OTHER USES OF YOUR HEALTH INFORMATION

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT.**

- **Individuals Involved in your Care or Payment of your Care.** Unless you object we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

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## **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

- Uses and disclosures of Protected Health Information for marketing purposes.
- Disclosures that constitute a sale of your Protected Health Information under the Privacy Rule.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

- **Right to Inspect and Copy.** You have the right to inspect your Protected Health Information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our HIPAA Privacy Officer. If you request a copy of the information, we have 30 days to make your PHI available to you and we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

- **Right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form, we may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

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- **Out-of-Pocket-Payments.** If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend.** If you feel that the Protected Health Information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the practice maintains your medical record.

To request an amendment, your request must be submitted in writing to the HIPAA Privacy Officer, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the practice;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your Protected Health Information to others for purposes other than treatment, payment of health care operations. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records.

To request this list, you must submit your request in writing to the HIPAA Privacy Officer. Your request must state a time period not longer than six (6) years back. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



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- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we disclose for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about treatment you received.

We are not required to agree to your request and we may not be able to comply with your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we do agree, we will comply with your request unless it is needed to provide emergency treatment

To request restrictions, you must make your request in writing to the HIPAA Privacy Officer. In your request, you indicate:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. If you communicate with us by electronic mail we will assume that we can reply to you at the same electronic mail address from which you sent your communication to us, unless your communication expressly says that we may not.

To request confidential communications, you must make your request in writing to the HIPAA Privacy Officer. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

- **Right to a Paper Copy of This Notice.** You have the right to 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 a paper copy of this notice.

- **How to Exercise Your Rights.** To exercise your rights described in this Notice, send your request, in writing, to our HIPAA Privacy Officer at our Danbury office address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI you may also contact your physician directly. To obtain a paper copy of this Notice, contact our HIPAA Privacy Officer by phone or mail.

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## **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the changed notice effective for Protected Health Information we already have as well as any information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the HIPAA Privacy Officer who is responsible for handling complaints. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call toll free (877) 696-6775 or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information.

## **OTHER USES OF PROTECTED MEDICAL INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this Notice or the applicable law will be made only with your written authorization. If you provide us permission to use or disclose PHI, you may revoke that permission, in writing, at any time by submitting a written revocation to our HIPAA Privacy Officer and we will no longer use or disclose Protected Health Information under the authorization. Note 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.