

**NOTICE OF PRIVACY PRACTICES OF
UPPER HUDSON VALLEY
DERMATOLOGY
& SCHENECTADY DERMATOLOGY
PRACTICE OF
A. NEAL GREGORY, M.D.**

EFFECTIVE DATE: JULY 5, 2007

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

PLEASE REVIEW THIS CAREFULLY.

If you have any questions about this Notice please contact our Privacy Officer;

Brian Brill, Director of Operations / Business Manager

A. BACKGROUND

“We,” meaning A. Neal Gregory, M.D., and staff have a legal duty to protect the privacy of health information that may reveal your identity and provide you with a copy of this Notice. We will use and disclose your protected health information only as disclosed in this Notice. We may change this Notice at any time. You will also be able to obtain a current copy of this Notice by calling Brian Brill, the Director of Operations and the privacy officer at; (518) 479-4156, or asking for one at the time of your next visit to our office.

B. DEFINITIONS

Protected health information “or PHI” means any information, whether oral or recorded in any form or medium created or received by our office.

B. Identifies or can be used to identify the individual.

Protected health information does not include information that has been de-identified as described in Section C-1 of this Notice or information in our office employment records. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have):
- Information about your healthcare services you have received or may receive in the future (such as an operation);
- Information about your healthcare benefits under an insurance plan (such as whether a

prescription is covered);

- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, or your phone number, or your driver's license number); and other types of information that may identify who you are.

2. This Notice of Privacy Practices governs how the:

- Physician and his office staff
- Members of physician's staff and Allied Health Professionals

will use or disclose PHI that was received or created by any of the physician's staff or physicians at the office of A. Neal Gregory, M.D. As used in this Notice, the phrases "we," "our" or "us" refers to the physician and his staff employees and its allied health professionals. This Notice of Privacy does not govern the actions of any Hospital Medical Dental Staff or their Allied Health Professionals with respect to health information that was not created or received at our office. For example, health information that was not created or obtained by our office's private practice.

C. USE AND DISCLOSURE OF YOUR PHI

1. In general, we will obtain your written authorization before using your PHI or sharing it with others outside of our office. There are some situations when we do not need your written authorization before using your PHI or sharing it with others. Those situations are as follows:

Treatment: We may share your PHI with doctors or nurses and other individuals in a Hospital or a physician's office who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A doctor at the Hospital may share your PHI with other healthcare providers inside the hospital or with healthcare providers outside the Hospital, to determine how to diagnose or treat you. We may also share your PHI with healthcare providers to whom you have been referred for further healthcare.

Payment: We may use your PHI or share it with others so that we obtain payment for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for

your treatment, such as admitting you to the hospital for a particular type of surgery or pre-certification for diagnostic testing.

Healthcare Operations: Each of these entities covered by this Notice may use your PHI or share it with others in order to conduct their healthcare business operations. For example, an entity covered by this Notice may use your PHI to evaluate the performance of its staff in caring for you, or to educate its staff on how to improve the care they provide for you. It may also share your PHI with another company that performs business services for the entity, such as billing companies. If so, the entity that shares your PHI will have a written contract to ensure that this company also protects the privacy of your PHI. Each of these entities covered by this Notice may also disclose your PHI to other healthcare providers for the purpose of that provider's healthcare operations if each of the involved entities either has or had a relationship with you, the PHI pertains to that relationship, and the disclosure is either for the purpose of healthcare fraud and abuse detection or compliance; or used in efforts to improve the way care is delivered to you by the provider or its staff.

Appointment Reminders, Treatment Alternatives, Benefits and Services: We may use your PHI when we contact you with a reminder that you have an appointment for treatment or services at our office or a hospital facility. We may also use your PHI in order to recommend possible treatment alternative or health-related benefits and services that may be of interest to you.

Information That Does Not Identify You: We may use or disclose your PHI if we have removed any information that might reveal who you are. This is known as "de-identified" information.

1. Others Involved In Your Healthcare: 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 the persons involved in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care or your location, general condition or death, without your written authorization or consent. We will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

2. Emergencies: We may use your PHI, and share it with others, in order to treat you

in an Emergency or to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons. Emergencies. We may use or disclose your PHI if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

3. Communication Barriers: We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain your authorization but its unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to provide authorization to use or disclosure under the circumstances.

As Required By Law: We may use or disclose your PHI if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities: We may disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your PHI with government officials that are responsible for controlling disease, injury or disability. We may disclose your PHI to a person who may have been exposed to a communicable disease or be a risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some PHI about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your PHI to a public health authority to whom we are required to make reports of abuse, neglect or violence. For example, we may report your PHI to government officials is we reasonably believe that a patient has been a victim of child abuse or neglect; a gunshot wound; a serious burn or stabbing or domestic violence. In some cases we may be required or authorized to act without your permission.

Health Oversight Activities: We may release your PHI to government agencies authorized to conduct audits, investigations, and inspections of the office. These government agencies monitor the operation of the healthcare system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall: We may disclose your PHI to a person or

company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Legal Proceedings: We may disclose your PHI if we are ordered to do so by a court that is handling a lawsuit or other dispute or if we receive a subpoena and we receive satisfactory assurances that you had adequate notice of and an opportunity to object to the subpoena.

Law Enforcement: We may disclose your PHI to laws enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness or missing person;
- If you have been the victim of a crime and we determine that; (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

Military and Veterans: If you are in the Armed Forces, we may disclose PHI about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to the prison officers or law enforcement officers if necessary to provide you with healthcare, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Research: We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and

established protocols to ensure the privacy of your PHI.

D. Required Uses and Disclosures: Under the law, we must make disclosures to you when required by the secretary of the department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500et.seq.

E. Your Rights To Access and Control Your Health Information: We want you to know that you have the following rights to access and control your PHI. These rights are important because they will help you make sure that the PHI we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right to Inspect and Copy Records: You have the right to inspect and obtain a copy of any of your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated records set contains medical and billing records and any other records that your physician and the practice uses for making decisions about you, reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to protect health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our privacy contact if you have any questions about access to your medical records. You may be charged a fee for the cost of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$.75 per page and must generally be paid before or at the time we give the copies to you. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information.

2. Right to Amend Records: If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment please write to: Brian Brill, the Operations Manager for A. Neal Gregory, M.D. at 1547 Columbia Turnpike, Castleton, NY 12033. Your request should include the reasons why you think we should make the amendment.

If we deny all or part of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial

notice we send you.

3. Right to an Accounting of Disclosures: After April 14, 2003, you have a right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. An accounting list, however, will not include:

- Disclosures we made to you;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations;
- Disclosures made to your friends or family involved in your care;
- Disclosure made before April 14, 2003.
- Your request must state a time period for the disclosures you want from us to include. For example, you may request a list of disclosures that we made between January 1, 2004 to January 1, 2005. you have a right to one list within every 12 month period for free. However, we may charge you for the cost of providing any additional lists in the same 12 month period.

4. Right to Request Additional Privacy Protections: You have the right to request that we further restrict the way we use and disclose your PHI to treat your condition, collect payment for that treatment, or run our normal healthcare business operations. You may request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request of restrictions must be made in a written statement and be specific as to what entity you request the restriction to be applied to. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for restriction, and in some cases the restriction you requested may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications: You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of home. To request

more confidential communications, please write to our privacy contact. Please specify in your request how or where you wish to be contacted, and how payment for your healthcare will be handled if we communicate with you through this alternative method or location.

- 6. Right to File a Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file this complaint with us, please contact Brian Brill at (518) 479-4156 for further information about the complaint process.

No one will retaliate or take action against you for filing a complaint.

- 7. Personal Representation:** You have the right to name a personal representative who may act on your behalf to control the privacy of your PHI. Parents and guardians will generally have the right to control the privacy of PHI about minors unless the minors are permitted by law to act on their own behalf.