

Summary of the Notice of Privacy Practices

Protected Health Information

Whenever you are treated at Advanced Dermatology, Inc. we create a record of your care, which is comprised of your health information. This information is not only written, but may also be verbal or electronic, or even a photograph.

Organizations that handle Health Information

During your visit today, a number of Advanced Dermatology staff members will take part in your care. In addition to those whom you meet today, we utilize select laboratories, billing and insurance services, health IT companies, among others to provide a top level of care. You can be assured all of the entities are held to the same high standard put forth in the HIPAA laws as we hold ourselves to at Advanced Dermatology, Inc.

HIPAA Law Permits Advanced Dermatology, Inc. To Use or Disclose Health Information for These Routine Activities:

- Treatment
- Healthcare Operations
- Payment
- Appointment Reminders/Communications

Examples of Permitted Uses and Disclosures of Health Information:

- Public health activities
- Continuity of care
- Uses & disclosures required permitted or required by Law

How you can control access to your information

Advanced Dermatology, Inc. will only disclose information to friends or family members who possess power of attorney or if you have stated the individual as an agent of your care. You may alter this anytime by notifying our office.

Activities that Require Your Written Permission (Authorization)

If Advanced Dermatology, Inc. needs to use your information for other purposes, your written authorization will first be obtained.

Your Patient Privacy Rights

You have the Right to:

- Request how we contact you.
- Inspect and receive a copy of you medical and billing records.
- Request corrections to your medical record.
- Receive an accounting list of certain disclosures
- Receive a paper copy of Advanced Dermatology's Providers Notice of Privacy Practices. This is offered when you first arrive during the registration process.



Patient Rights and Responsibilities

It is important to us that you are aware of your rights as a patient. To help inform you, we are providing this summary of these rights. Complete information is available from Advanced Dermatology, Inc. upon request.

Our goal is to provide you with top-tier care in a safe and comfortable environment. We aim for an environment where you may freely discuss your medical care and treatment, or any other concern you may have with our caregivers. If you feel that any concerns have not fully been met, please contact our office.

At Advanced Dermatology you or your Authorized Representative has the right to:

Respect, Confidentiality and Personal Dignity

- You will be treated with respect and courtesy and will be free from all forms of abuse and harassment.
- You have a right to privacy so that you are not seen or overheard during your treatment.
- Your healthcare information will be treated as private and confidential. Details of your condition and treatment may not be shared except with those who are allowed to receive such information. To aid in your care when you are seeing healthcare professionals in other organizations, health information is sometimes exchanged via secure means to assure your care is complete.
- You can request restrictions on certain uses and disclosures according to federal HIPAA law.
- Under federal HIPAA law, you may request how and where we communicate with you outside of the office/clinic.

Information You Can Understand:

- You have a right to know about Advanced Dermatology's policies and procedures.
- You will receive complete information regarding your condition, treatment plan and outlook for recovery.
- We will explain your health status to you and encourage you to participate in planning your care and treatment, including management of your pain.

Participation in Decisions About Your Care:

- You have the right to create a power of attorney. Discuss this and the ethics of your care with your doctor during your visit or by calling the office and asking to speak with management.
- You have the right to be involved in the decisions about your healthcare and to agree to treatment before it is given. When being asked to agree to treatment, you will be told about your condition, procedure or treatment, alternative treatments, side effects or risks (including those of non-treatment) and the likelihood of success.
- You have the right to identify an individual, as an authorized representative, to be involved in your care, by participating in treatment decisions, and services to any degree you choose.
- Limit medical students & residents when the doctor deems it appropriate in maintaining a standard of care.
- You can choose not to be treated. Your doctor will tell you the expected outcome if you refuse treatment. You are responsible for any results choosing not to be treated.
- We will inform you of the outcomes of your care, including those that may be unexpected.
- Right to refuse participation in research and experimental treatment.

Care that Supports You and Your Family:

- When certain issues arise in your care, we will communicate with your physician.
- You have the right to determine any guests who accompany you during care. The doctor may limit this if they determine it may adversely affect treatment or care.
- If you wish, you may discuss any spiritual, religious, emotional requests with your doctor. We will make efforts to accommodate such request as long as they do not compromise your care or impede safety.
- You have the right to receive care in a safe environment. This includes protective services such as guardianship.
- With your participation, we will access and manage your pain.

Access to Your Billing and Medical Record:

- You have access to your medical and billing records. Medical records are readily available online through patient portal and billing requests can be made by contacting our billing department.
- Hard copies of these are available in a reasonable time and for a reasonable cost.
- You will receive a copy of your bill showing charges to each service received.
- You can request a correction to your medical record and an accounting of disclosures of your health information, per federal HIPAA law.
- You can request that your medical record be withheld from research.

Treatment without Discrimination

- You have the right to treatment regardless of race, creed, color, national origin, ancestry, religion, gender identity or expression, sexual orientation, marital status, age, newborn status, handicap or source payment.
- You will not be transferred to another facility, except in some emergencies, unless you are told the reason for the transfer, and the other institution has agreed to accept you as a patient and provide continuing medical care for you.

Patient Responsibilities:

- You are responsible for following clinic rules/regulations.
- We ask that you respect the right of other patients, families, visitor and staff.
- You medical team expects that you provide accurate and complete information about your health and healthcare.
- Please raise concerns when you do not understand your treatment or condition.
- We appreciate when you work actively in your medical care in identifying, implementing a care plan and treating all conditions.
- Please report changes in your condition after your visit to your doctor.
- Please keep all your appointments as a consideration for all patients.

How to File a Complaint:

- Complaint may be directly made to our office by contacting either location and asking to speak with management.
- If you are unsatisfied with this resolution, you may file a formal grievance in writing. All such complaint will be addressed by administration.
- Complaints may also be filed with:
 - State of Wisconsin Department of Health & Family Services, Division of Quality Assurance, Bureau of Health Services, PO Box 2969, Madison, WI 53701-2969 (800) 642-6552
 - Medicare patients with complaints regarding quality of care may submit them to KEPRO, the Wisconsin Quality Improvement Organization at (800)408-8557
 - Laboratory Complaints to the Centers for Medicare & Medicaid Services (CMS) Central Office, Division of Laboratory Services (CLIA), (877)267-2323 ext. 63531 *Service delivery discrimination complaints may be made to:*
 - Wisconsin Dept of Health & Human Services, Div. of Enterprise Services, Office of Civil Rights Compliance, 1W. Wilson, Rm 561, PO Box 7850, Madison, WI 53707 ph:608266-9372 TTY/TDD: (888)701-1251
 - US Dept of Health & Human Services, Office for Civil Rights, Region V, 233 Michigan Ave, Chicago, IL 60601 ph:(312)886-2359 TTY/TDD(312)353-5693
- Guardians or other authorized representatives may exercise these rights on behalf of a patient incapable of making decisions.