



**Richard J. DeAngelis, M.D.**  
**1409 N. Fant Street**  
**Anderson, South Carolina 29621**  
**864-231-8599 or 1-800-972-3751 • Fax: 864-231-8073**  
***Practice Limited to The Treatment of Skin Cancer***

## NOTICE OF PRIVACY PRACTICES

Effective 4/2003  
Revised 3/2014

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

PLEASE READ IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

The Skin Cancer Centre, P.A. is committed to protecting your PHI. We create a record of care and services you receive and use it to provide you with quality care and to comply with certain legal requirements. This record is available to all of our staff within our practice and may be made available to other health care professionals as deemed necessary by our physicians.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practices with respect to PHI.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor. Another example would be using and sharing your health information obtained or created by us, among our staff or with other health providers to determine your course of treatment, or to coordinate the things you may need such as prescriptions, pathology, etc.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery. The bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. A few examples of this would include calling you by name in the waiting room or disclosing your PHI to students, trainees, practitioners learning under supervision, or requiring business associates to sign written agreements to appropriately safeguard your information.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders, schedule or reschedule appointments, or to follow-up with you on a recent procedure you had done in our practice.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you where your name and address may be used. You may "opt out" by contacting our office.

Sometimes, state or federal laws require us to protect or share your health information in keeping with or in addition to the ways stated in this Notice. For example state law protects your health information under the doctor-patient privilege. Other examples may include state laws regarding the disclosure of minors' health information to a parent, or state laws concerning a compelling public health, safety or welfare need or regulation of a controlled substance, or state laws requiring a practice to report incidents of certain infectious or contagious diseases to state authorities. Even if one of these special rules apply to your health information, we may still be required to report certain things and we will follow these laws.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. If you bring family members or others to your appointments and do not tell us that you object to them hearing your medical information, then we may interpret that as your consent for them to do so. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it. In some situations such as emergencies or as required by law, your restrictions may not be followed.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed such as a Breach.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

This notice is effective as stated on the first page and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain. We will post a copy in our practice and on our website at <http://www.skincancercentre.com>. You may also request a written copy of the revised Notice of Privacy Practices from our office.

You have recourse if you feel that your protections have been violated by our practice. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

For more information, feel free to contact our Privacy Officer, Kathy P. Hayes, Skin Cancer Centre, P.A., 1409 North Fant Street, Anderson, SC 29621 in writing or in person @ 864-231-8599 or 1-800-972-3751.