



1331 w. 75TH Street, Unit 402, Naperville, IL 60540

P: 630.596.8045 F: 630.590.9634

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Basko Dermatology is committed to providing you with the highest quality of care in an environment that protects your privacy and the confidentiality of your health information. To that end, this notice explains our privacy practices, as well as your rights, with regard to your health information.

Your Rights When it comes to your health information, you have certain rights. This section explains your rights and how to exercise them. Specifically, you have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing, usually within 60 days of your request.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to these requests. For example, we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Obtain a list of those with whom we have shared your information

- You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.



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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person (your "personal representative") can exercise your rights and make choices about your health information.
- If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- Protecting your confidential information is important to us. If you feel we have violated your rights, please contact us using the information at the end of this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint either to Basko Dermatology or to the Office for Civil Rights.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written authorization:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes



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In the case of fundraising:

- We do not participate in any fundraising activities

How Basko Dermatology May Use and Share Your Health Information

We may, without your written permission, use your health information for treatment, payment, and Health Care Operations NM may use and disclose your health information without your written authorization for treatment, payment, and health care operations.

Treatment:

- We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury may ask another doctor about your overall health condition. Note, however, that we may ask for your written permission if certain kinds of information are being disclosed (such as mental health information).

Payment:

- We can use and share your health information to bill and get payment from health plans or other entities. For example, we may send health information about you to your health insurance plan so it will pay for your services.

Health Care Operations:

- We can use and disclose your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information to manage your treatment and services, including to contact you to remind you that you have an appointment for medical care.

Those Instances that Require the Use or Disclosure of Your Health Information Basko Dermatology may disclose your health information without your written permission

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- When required by law.

Other Purposes for Which Basko Dermatology is Allowed or Required to Use or Disclose Your Health Information

Basko Dermatology may use or disclose your health information to others without your written permission in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. Examples include:



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To help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- To do research or plan future research studies
- To identify and contact you regarding your interest in taking part in a specific research study. Your part in that study can only start after you have been told about the study, are given a chance to ask questions and have shown your willingness to be in the study by signing a consent form. Your information might be used to publish an article —although your identity or identifiable information will never be released in the article without your further consent.

To respond to organ and tissue donation requests

- We can share patient information with organ procurement organizations.

To work with a coroner, medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can disclose health information about you in response to a court or administrative order, or in response to a subpoena.

To parents and legal guardians of minors

- We may share a minor's health information with his or her parents or guardians unless such disclosure is otherwise prohibited by law. For example, a minor's parents may discuss medical treatment with the care team. Note, however that if a minor is emancipated, married, pregnant or a parent, we will not share information with the minor's parents or guardians. Also, if a minor is receiving certain types of treatment (such as genetic or HIV testing, testing for sexually transmitted diseases, mental health or drug or alcohol abuse counseling, or other certain types of treatments),



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we will not disclose information to the minor's parents or guardians except in certain situations as required or allowed by law (including, but not limited to, if doing so is necessary to protect the minor's safety or that of a family member or other individual or if, in the professional judgment of the health care provider, notification would be in the minor's best interest and we have first sought unsuccessfully to persuade the minor to notify his or her parents).

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to this Notice

- We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office and on our website.

This notice of Privacy Practices applies to the following organization:

Basko Dermatology, LLC
1331 W. 75th Street, Ste 402
Naperville, IL 60540

I acknowledge that I have reviewed and understand the **Notice of Privacy Practices** provided to me by Basko Dermatology, LLC.

Patient (Authorized Representative) Signature: _____ Date: _____

Printed Name of Authorized Representative: _____

Relationship to Patient: _____

Address/Phone Number of Authorized Representative: _____