

JOINT NOTICE OF PRIVACY PRACTICES

STEEES DERMATOLOGY S.C.
215 E. First Street, SUITE 305
Dixon, IL 61021

Effective Date: 2/1/2023

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.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the health information privacy practices of STEES DERMATOLOGY S.C (SD). This Notice covers the information practices of SD and that of all its employees, staff, and other SD personnel.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health is personal. We are committed to protecting health information about you as required by federal and state law. We create a record of the care and services you receive at SD. We need this record to provide you with quality care and to comply with certain legal requirements. Much of this information is maintained in an electronic medical record.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information, which includes information related to your condition, care, and payment for services. Not every use and disclosure in a category will be listed.

FOR TREATMENT: We may use and disclose health information about you to provide treatment to you. We may disclose health information about you to health care providers outside of SD who may be involved in your medical care, such as your primary physician, pathologist, etc. who will use information as part of your care.

FOR PAYMENT: We may use and disclose health information about you so that the treatment and services you receive at SD may be billed to and payment may be collected from you, an insurance company, or a third party. We may disclose information about you to other health care providers involved in your care for their payments purposes. Information provided to health plans, for example, may include your diagnosis, procedures performed, or recommended care. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

OTHER USES: We may use and disclose information about you as may be required or permitted by federal, state or local law. We may permit our business associates to create, receive, maintain, or transmit information about you as part of providing services to us. Examples of business associates include consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies.

PUBLIC HEALTH: We may use and disclose health information about you for public health purposes. These activities generally may include: to prevent or control disease, injury, or disability; to report reactions to medications; to notify people of recalls of products they may be using; to notify a person who may be at risk for contracting or spreading a disease or condition.

HEALTH OVERSIGHT ACTIVITIES: We may use and disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

LAWSUITS AND DISPUTES: We may use and disclose health information about you in response to a court or administrative order. We also may disclose health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.

LAW ENFORCEMENT: We may use and disclose health information about you for law enforcement purposes.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may use and disclose health information to notify any appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only when required or authorized by law.

TO AVERT A SERIOUS THREAT: We may use and disclose health information about you to prevent a serious threat to the health and safety of you, another person, or the public.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may use and disclose health information about you to coroners, medical examiners, and funeral directors as necessary so they can carry out their duties.

ORGAN AND TISSUE TRANSPLANTATION: We may use and disclose health information about you to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

MILITARY AND VETERANS: If you are a current or former member of the armed forces, then we may disclose health information about you as required by military command authorities or for veterans' benefits or related purposes.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have rights regarding health information we maintain about you. You may request any of these rights in writing by contacting the office manager / privacy officer listed below.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain ways we use or disclose health information about you. Except as otherwise required by law, we are not required to agree to your request. If we do agree, then we will comply with your request unless the information is needed to provide you emergency treatment. We will agree to a restriction on information about certain services to be disclosed to a health plan if you pay for the services in full, subject to certain exceptions. In your request, you must tell us: 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.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO INSPECT AND COPY: You have the right to request to inspect and copy, or to receive a summary of, certain health information maintained by us that we use to make decisions about you. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, then in certain circumstances, you may request that denial be reviewed.

RIGHT TO AMEND: If you feel that health information we have about you is incorrect or incomplete, then you have the right to request that we amend the information that we use to make decisions about you. You must provide a reason that supports your request. We may deny your request in certain situations. If your request is denied, then you may write a statement of disagreement, which will be included in any disclosure of your records related to the subject of the requested amendment. We may include a rebuttal statement.

RIGHT TO INFORMATION ABOUT DISCLOSURES: You have the right to request information about certain disclosures we have made about you. This right is subject to certain exceptions and limitations.

RIGHT TO PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice even if you accepted this Notice electronically. You may ask us to give you a copy of the Notice at any time by requesting a copy from the office manager / privacy officer.

OUR LEGAL DUTIES: We are required by law to: maintain the privacy of health information about you; give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you; follow the terms of the Notice that is currently in effect; and notify affected individuals following a breach of unsecured protected health information.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have as well as any information we create or receive in the future. You may request a copy of our revised Notice from our office manager / privacy officer.

COMPLAINTS: If you believe your privacy rights have been violated, then you may contact or submit your complaint to the office manager / privacy officer. You also have the right to file a written complaint with the Office for Civil Rights. The quality of your care will not be jeopardized, and you will not be penalized (or retaliated against) for filing a complaint.

CONTACT INFORMATION:

You may contact our privacy officer at:

STEEES DERMATOLOGY S.C
215 E. First Street, Suite 305
Dixon, IL 61021
815-285-5484