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About this Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

Protected Health Information is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future payment for your health care.

How We May use and Disclose Your Protected Health Information

We may use and disclose your Protected Health Information in the following circumstances:

- **For Treatment:** We may use or disclose your Protected Health Information to give you medical treatments and services and to manage and coordinate your medical care. For example, your Protected Health Information may be provide to a physical or other health care provide (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you a service.
- **For Payment:** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may included certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing serviced provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **Health Care Operations:** We may use of disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the provider and to provide quality care to all patients. Health care operations includes such activities as:
 - Quality assessment and improvement activities
 - Employee review activities
 - Training programs, including those in which students, trainees, or practitioners in health care learn under supervision.
- **Other Uses and Disclosures:** As part of treatment, payment and healthcare operation, we may also use or disclose protected health information for the following reasons:
 - To remind you of an appointment
 - To inform you of potential treatment alternatives or options.
 - To inform you of health-related benefits or services that may be of interest to you.

- **Minors:** We may discuss the Protected Health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **As Required By Law:** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

Uses and Disclosures That Require Us to Give You an Opportunity to Object or Opt Out.

Individuals involved in your care or payment for your care. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. 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.

Your written Authorization is required for Other Uses and Disclosures

Other causes and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Practice Manager and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your Protected Health Information (PHI)

You have the following rights, subject to certain limitations, regarding your PHI

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to a Summary of Explanation. We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

Rights to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format that you request, if it is readily producible in such a format. If the PHI is not readily producible in the format you request, your record will be provided in either our standard electronic format or if you do not want this format, a readable hard copy. We may charge you a reasonable cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Right to Request Amendments:** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment for as long as the information is kept by us. A request for amendment must be made in writing to the Practice Manager at the address provided on this notice, it must tell us the reason for your request, in certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a

statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- **Right to an Accounting of Disclosures:** You have the right to ask for an “accounting of disclosures”, which is a list of the disclosures for purposes other than treatment, payment, or healthcare operations as described in this notice. It excludes disclosures we may have made to you, for a resident directory, to family members, or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period of time, we may charge you the costs of providing the accounting. We will tell you the costs, and you may choose to withdraw or modify your request before the costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. To request a restriction on who may have access to your PHI, you must submit a written request and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict use and disclosure of your PHI to a health plan for payment or health care operation purposes and the information you wish to restrict. Pertains solely to a health care item or service for which you have paid us “out of pocket” in full for. If we do not agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
- **Out of Pocket Payments:** If you paid “out of pocket” in full for a specific item or service, you have the right to ask that your PHI with respect to that service not be disclosed to a health plan for purposes of payment of health care operations, and we will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at a specific number. You may make any such request in writing and you must specify how or where you would like us to contact you. We will accommodate all reasonable requests. We will not ask for a reason to this request.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this notice at any time.

How to Exercise Your Rights:

To exercise your rights described in this Notice, send your request, in writing, to our practice manager at the address provided on this notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact your physical directly. To get a paper copy of this Notice, contact our Practice manager by phone or mail.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the changed notification effective for PHI we already have as well as any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints: You may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights have been violated.

To file a complain with us, contact our Practice Manager. All complaints must be made in writing and should be submitted within 180 days of when you knew the suspected violation. There will be no retaliation against you for filing a complaint.