



Notice of Privacy Practice

General Information

Information regarding your health care, including payment for health care services and treatment, is primarily protected by three federal laws: (i) the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164; (ii) the additional privacy and security requirements enacted pursuant to Subtitle D of the Health Information Technology for Clinical Health Act (HITECH), including 45 C.F.R. Sections 164.308, 164.310, 164.312, and 164.316; and (iii) the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Rocklin Dermatology may not say to a person outside Rocklin Dermatology that you attend the program, nor may Rocklin Dermatology disclose any information identifying you as someone with a substance use disorder, or disclose any other protected information about you, except as permitted by federal law.

How Rocklin Dermatology May Use and Disclose Medical Information about You

The following list describes the ways Rocklin Dermatology may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

For Treatment

We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related service.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover the services.

For Health Care Operations

We may use and disclose medical information about you for our operations. These uses and disclosures are necessary to operate Rocklin Dermatology in an efficient manner and to ensure that all individuals receive quality care.

Treatment Reminders

We may use and disclose medical information in order to remind you of a scheduled treatment appointment or procedure.

Business Associates

Rocklin Dermatology may disclose information about you without your authorization to obtain claims processing, utilization review, quality assurance, legal, accounting financial, management, administrative and other services, as long as Rocklin Dermatology has a Business Associate Agreement in place with the applicable third party.



Required by Law

We will disclose medical information about you when required to do so by federal or California state laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Rocklin Dermatology may disclose PHI to a law enforcement official, for law enforcement purposes, subject to requirements in current HIPAA regulations with the only change being that under the Final Rule, when the disclosure is pursuant to an administrative request, a response to that request must be required by law; such requests include an administrative subpoena or summons, a civil or an authorized investigative demand, or similar legal process, subject to the current requirements of 45 CFR §164.512(f)(C).

Sale of Rocklin Dermatology

We may use and disclose medical information about you to another health care entity in the sale, transfer, merger, or consolidation of Rocklin Dermatology, unless your medical information includes information about substance use disorder treatment services provided to you. Such information will only be transferred to the new entity pursuant to your written authorization as further described below.

Electronic Disclosure

We may disclose your medical information orally, in paper format or through the use of any electronic means.

Special Situations

Organ and Tissue Donation

If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation

We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Qualified Personnel

We may disclose medical information for research or for management audit, financial audit, or program evaluation, but Rocklin Dermatology personnel may not directly or indirectly identify you in any report of the research, audit, or evaluation, or otherwise disclose your identity in any manner.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of federal and California state laws and regulations.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee health care providers and the health care industry in general.

When existing regulations would otherwise allow Rocklin Dermatology to treat someone who requests the records of another person (such as a family member) as the personal representative of that person and to access their medical records, the Rocklin Dermatology may choose not to give the requester access to the records if:

- Rocklin Dermatology decides, in their professional judgment, that it is not in the best interests of the person to treat the requester as the person's personal representative; or
- Rocklin Dermatology reasonably believes that treating the requester as a personal representative could endanger the person, or that the requester has subjected the person to domestic violence, abuse or neglect – this will not be deemed a reasonable belief if it is based on the requester having facilitated access to reproductive health care for, and at the request of, the individual.

Unless they have received a valid attestation, described below, Rocklin Dermatology may not use or disclose PHI potentially related to reproductive health care for purposes of:

- Health oversight
- Judicial or administrative proceedings
- Law enforcement
- Coroner or medical examiner activities

Rocklin Dermatology who does not obtain a valid attestation in these instances is not in compliance with these regulations.

Valid Attestations

A valid attestation may be electronic, provided that it is written in plain language, includes a description of the requested information and includes each of the six required elements, described below.

- A specific description of the information requested with the name of the individual(s) whose PHI is sought or, if that is not possible, a description of the class of individuals whose PHI is sought.
- The name or other specific identification of the person(s), or class of persons, who are requested to make the use or disclosure.
- The name or specific identification of the person(s), or class of persons, to whom Rocklin Dermatology is to make the requested disclosure.
- A clear statement that the use or disclosure is not for a prohibited purpose (the PHI will not be used to investigate or to impose civil/criminal liability on any person or to identify any person for merely seeking, obtaining, providing or facilitating reproductive health care).
- A statement that criminal penalties under HIPAA apply to a person who knowingly obtains individually identifiable health information relating to an individual or discloses that information to another person
- The signature, which may be an electronic signature, of the person requesting the PHI, and the date. If the attestation is signed by a representative of the person requesting the information, a description of their authority to act for the person must also be provided.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- (1) in response to a court order or subpoena; or
- (2) if Rocklin Dermatology determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.

Rocklin Dermatology may disclose PHI to a law enforcement official, for law enforcement purposes, subject to requirements in current HIPAA regulations; when the disclosure is pursuant to an administrative request, a response to that request must be required by law; such requests include an administrative subpoena or summons, a civil or an authorized investigative demand, or similar legal process, subject to the current requirements of 45 CFR §164.512(f)(C).

Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner when authorized by law (e.g., identify a deceased person or determine cause of death) or to funeral directors.

Inmates

If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release health and treatment information about you to the correctional facility or law enforcement official. Such release would be necessary for: (1) the facility to provide you with proper care; (2) to protect your health and safety or the health and safety of others; and (3) to ensure the safety and security of the correctional facility.

Other Uses and Disclosures

Rocklin Dermatology will not use or disclose your medical information for any other purposes (including without limitation, marketing), unless you give Rocklin Dermatology your written



authorization to do so. If you give Rocklin Dermatology such written authorization for a purpose not described in this Notice, then you may, in most cases, revoke such authorization in writing at any time. Your revocation will be effective for all your medical information Rocklin Dermatology maintains, unless Rocklin Dermatology or its associates have already taken in reliance on your prior authorization.

Substance Use Disorder Treatment

To the extent your treatment at Rocklin Dermatology consists of substance use disorder treatment, your medical information related to such services is protected by federal law and regulation (see 42 CFR Part 2) and will only be used or disclosed by Rocklin Dermatology pursuant to: (1) your written authorization; (2) a court order or other legal requirement; (3) medical needs in an emergency to qualified medical personnel; or (4) research, audit, or program evaluation purposes to qualified personnel. This includes use or disclosure of such information in the event of a sale, transfer, merger, or consolidation of Rocklin Dermatology. If you do not provide written authorization in such an event, your information will not be transferred, and the non-transfer could impact the ability of Rocklin Dermatology to provide or continue your treatment.

New rules under Substance Abuse and Mental Health Services Administration (SAMHSA) and OCR final rule align 42 CFR Part 2 and HIPAA. This new rule states that PHI disclosed pursuant to the Privacy Rule may be subject to redisclosure and no longer protected by the Privacy Rule.

Please note that federal law or regulations protecting alcohol or drug treatment records do not protect any information about a crime committed by a patient of Rocklin Dermatology or a member of Rocklin Dermatology workforce, or any information about suspected child abuse or neglect that is otherwise reportable under California state law to appropriate state or local authorities. A violation of the federal law and regulations that protect the confidentiality of substance use disorder treatment patient records is a crime. Suspected violations may be reported to appropriate authorities in accordance with 42 CFR Part 2.

Regulations for Use and Disclosure of Protected Health Information (PHI):

Prohibition of Uses and Disclosures of Reproductive Health Care PHI. Rocklin Dermatology may not use or disclose PHI in connection with any person seeking, obtaining, providing, or facilitating reproductive health care that was lawfully provided, when the purpose of the disclosure is:

- To investigate or to impose civil/criminal liability on any person
- To identify any person for merely seeking, obtaining, providing or facilitating reproductive health care

Definitions

Person: A “natural person (meaning a human being who is born alive), trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.” OCR clarifies this to mean an individual, child, or victim under the HIPAA rules must be a natural person...

Public Health as used in the terms “public health surveillance,” “public health investigation,” and “public health intervention”: population-level activities to prevent disease and promote the health of populations, such as monitoring, preventing, or mitigating threats to the health or safety of a population. Does not include civil/criminal investigations or imposing civil/criminal liability for merely seeking, obtaining, providing or



facilitating reproductive health care, and further does not include identifying any person for civil/criminal investigations or to impose liability.

Reproductive Healthcare: Healthcare that affects the health of the individual in all matters relating to the reproductive system and to its functions and processes. The definition should not be construed to set forth a standard of care for or regulate what constitutes clinically appropriate reproductive healthcare.

Your Health Information Rights

Right to Inspect and Copy

You have the right to inspect and obtain a paper or electronic copy of medical information that may be used to make decisions about your care, except for psychotherapy notes, counseling notes, or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

To inspect and copy your medical information, you must submit your request in writing to the Rocklin Dermatology Compliance Officer. If you request a copy of the information our clinic may charge a fee as established by its licensing authority, if applicable, for the costs of copying, mailing, or summarizing your medical records.

Rocklin Dermatology may deny your request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to medical information, including psychotherapy notes or counseling notes, you may request that the denial be reviewed. A third-party licensed health care professional chosen by Rocklin Dermatology will review your request and denial. This professional will not be the same person who denied your request. Rocklin Dermatology will comply with the outcome of the review.

Right to Amend

If you feel that medical information maintained about you is incorrect or incomplete, you may ask Rocklin Dermatology to correct or amend the information. You have the right to request an amendment for as long as the information is kept by Rocklin Dermatology.

To request an amendment, your request must be made in writing and submitted to the Rocklin Dermatology Compliance Officer. In addition, you must provide a reason that supports your request. Rocklin Dermatology may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than for treatment payment or health care operations.

To request this list, you must first submit your request in writing to the Rocklin Dermatology Compliance/Privacy Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided to you by Rocklin Dermatology for free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Rocklin Dermatology will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information Rocklin Dermatology uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information Rocklin Dermatology uses or discloses about you to someone who is involved in your care or involved in the payment of your care. Rocklin Dermatology is not required to agree to such a request. Should Rocklin Dermatology agree to your request, Then Rocklin Dermatology and its associates will comply with your request unless the information is needed to provide you emergency treatment.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will honor such a request unless law requires us to share that information.

To request any restrictions, you must make your request in writing to the Rocklin Dermatology Compliance/Privacy Officer. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit Rocklin Dermatology use and/or disclosure; and (3) to whom you want the limits to apply. For example, you may not want disclosures to be made to your spouse.

Right to Request Confidential Communications

You have the right to request that Rocklin Dermatology communicate with you about medical matters in a certain way or at a certain location. To request that Rocklin Dermatology communicate in a certain manner, you must make your request in writing to the Rocklin Dermatology Privacy Officer. You do not have to state a reason for your request. Rocklin Dermatology will do its best to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Changes to This Notice

Rocklin Dermatology reserves the right to change its privacy and security practices and to make the new provisions effective for all Protected Health Information that Rocklin Dermatology holds or maintains. Should our privacy practices change, we will post the amended Notice of Privacy Practices in our offices at each facility's address and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Rocklin Dermatology Compliance/Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Avenue, S.E., Washington, D.C. 20201.