

Dermatology Associates of Ithaca  
*Medical, Surgical, and Cosmetic Dermatology*

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## HIPAA Privacy Practices

*The Health Insurance Portability and Accountability Act of 1996 (HIPAA), in conjunction with the US Department of Health and Human Services, and the New York State Department of Health, provides for the protection of your personal and private health information.*

You have the right:

- To see and review your personal medical information and those of your minor dependent children;
- To limit the sharing of this information between our office and any other physician or medical practitioner's office;
- To determine what and how any shared information may be used and what disclosures have been made.

We will be accountable for any violations of the practices outlined in the law or, if our business associates are accountable for such violations, they will be accountable for any violations of the practices outlined in the law.

Groups and persons with whom we normally share information are:

- Health plans, HMOs, health insurance companies, government health care agencies
- Healthcare clearinghouses, billing services, and other business associates
- Pharmacies
- Hospitals and other healthcare providers, in an emergency situation

Types of uses and disclosures of protected health information (PHI) that require a separate authorization include uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Other uses and disclosures not described in this notice will be made only with authorization from you.

Assurances are provided under the privacy rule and in our business associate agreements that any information shared with the above entities will not be inappropriately disclosed to other individuals or entities. The practice is required to notify affected individuals of breaches of their unsecured PHI.

You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid for out of pocket.

Patients who have signed the Insurance and Privacy Consent Form authorize release of their or their minor dependent children's medical records to themselves and acknowledge that they may be charged a fee for record copies.