

**J. BRAHMATEWARI M.D.P.A.
NOTICE OF PRIVACY PRACTICES**

Effective Date: 01/02/2013

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 practice of J. Brahmatewari M.D.P.A. and the practices that will be followed by all of J. Brahmatewari M.D.P.A. workforce members who handle your medical information.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

J. Brahmatewari M.D.P.A. understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We maintain our records and conduct our treatment environment with a goal of providing the highest level of protection for your medical information, while still providing you with the highest level of medical care. This Notice applies to all of the records of your medical care which are received or created by J. Brahmatewari M.D.P.A..

Your other medical treatment providers (e.g., doctors, hospitals, home health agencies, etc.) may have different policies or notices regarding the use and disclosure of your medical information.

This Notice will tell you about the ways in which J. Brahmatewari M.D.P.A. may use and disclose medical information about you. Your medical information, also referred to as "protected health information," is that information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health information and related health care services.

In this Notice, we also describe your rights and certain obligations J. Brahmatewari M.D.P.A. has regarding the use and disclosure of your protected health information. We are required by law to:

- make sure that medical and other information that identifies you (protected health information) is kept private;
- give you this Notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the Notice that is currently in effect.

USES AND DISCLOSURES

To Provide Treatment

We may use and disclose your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physician, nurse, and office staff. In addition, we may share your health information with referring physicians, laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may use and disclose your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used and disclosed during performance evaluation of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in the training programs for medical and administrative employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine process of certification, licensing or credentialing activities.

In Patient Reminder

Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and curative care modern medicine can provide. This contact may be by phone or in writing.

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Required By Law

We will use or disclose protected health information about you when required to do so by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if the law requires us to do so, of any such uses or disclosures. We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

Family, Friends, and Caregivers

We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interests based on our professional judgment. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

To Coroners, Funeral Directors and Medical Examiners

We may disclose protected health information about you to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties required by law. We may also disclose protected health information about you to a funeral director in order to permit the funeral director to carry out legal duties, and may do so if death is reasonably anticipated. Your protected health information may also be disclosed for certain organ donations to which you may have agreed.

Medical Research

We may disclose your protected health information to researchers when their research has been approved and protocols have been established to ensure the privacy of your information. We may also disclose a limited set of your information, as allowed under the law, for research purposes.

Authorization to Use or Disclose Health Information

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to J. Brahamatewari M.D.P.A. will be made only with your written permission (“authorization”). If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the medical treatment or other services that we have provided to you.

Public Health Authorities

We may disclose your protected health information for public health activities and disclosure for such purposes will be to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for purposes such as controlling disease, injury or disability. Disclosures to public health authorities may include disclosure to a foreign authority that is working with the public health authority.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

PATIENTS RIGHTS

This new law is careful to describe that you have the following rights related to your health information.

Restrictions

You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment and health care operations. We are not **required to agree to your request**. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to J. Brahmawari M.D.P.A.. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Confidential Communications

You have the right to request to receive private health information communications (such as appointment confirmation) by alternative means or at alternative locations. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Inspect and Copy Your Health Information

You have the right to inspect and copy protected health information that may be used to make decisions about your medical care. Usually this right includes both medical and billing records. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy your information may only be denied in very limited circumstances and you have a right to request that any such denial be reviewed..

Amend your Health Information

You have the right to ask us to update and modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. Only the health care entity (e.g., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it.

Right to an Accounting of Disclosures

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health care operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices.

CHANGES TO THIS NOTICE

J. Brahmatewari M.D.P.A. reserves the right to change this notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we create or receive in the future. We will post a copy of the current Notice on J. Brahmatewari M.d.P.A. 's website: www.mymiamidermatologist.com. The Notice will contain, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated and/or that J. Brahmatewari M.D.P.A. has not followed this policy, you may file a complaint with J. Brahmatewari M.D.P.A. or with the Secretary of the Department of Health and Human Services. To file a complaint with J. Brahmatewari M.D.P.A., please send a written complaint to

J. Brahmatewari M.D.P.A.
6301 Biscayne Blvd, Suite 200
Miami, Fl. 33138
Attn: Barbara Rodriguez-Office Administrator

All complaints must be submitted in writing. **You will not be penalized for filing a complaint**