

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act (HIPAA) of 1996 is a federal program that requires that all medical records and other individually identifiable health information, or protected health information (“PHI”) used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record, obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information, except to the extent that action has already been taken. Your ability to restrict disclosures also relates to prohibitions and permissions set in place by you regarding our ability to disclose your PHI to your family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.

OUR RESPONSIBILITIES

Graves Derma Care is required to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective on all protected health information we maintain. Should our information practices change, we will post a revised notice in our office. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the report. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (i) correct and complete (ii) not created by us and/or not part of our record, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, amended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others what they need to know about the change in the PHI.

If you have any questions or would like additional information, you may contact the office manager at (215) 238-1622. If you believe that your privacy rights have been violated,

you can file a complaint with the office manager. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment. For example: Information obtained by the nurse, physician, or other members of your healthcare team will be recorded in your record and used by us to determine the course of treatment that should work best for you. Graves Derma Care will record the actions taken and observations made with respect to your information.

We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and medications provided.

Health professionals, using their best judgment, may disclose to a family member, close personal friend, or any other person you identify, health information relevant to that persons involvement in your care or payment related to your care.

We may disclose to the FDA health information relative to adverse events with respect to supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization*. We must obtain your *Authorization* separate from any *Notice* we may have provided to you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosure already made without your permission.

From time to time, it becomes necessary for employees of the Philadelphia Department of Public Health to examine hospital and medical records during the course of a communicable disease investigation prior to obtaining consent of the patient involved. The authority to examine these records for the above purposes is set forth in: (1) Article XXI of the Commonwealth of Pennsylvania Administrative Code of 1929, as amended 71 P.S. 532; (2) the Disease Prevention and Control Law of 1955, as amended, 35 P.S. 521.1 et seq; and (3) the Philadelphia Department of Public Health Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions, Section 6-202. The authority supersedes the requirements of the Department's regulations regarding confidentiality of patient medical records. The HIPAA Privacy Rule also applies to providers. 45 CFR section 164 lists the exceptions for which an authorization is not required. 164.512(b)(1)(i) allows disclosure for public health activities to "a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, ...the conduct of public health surveillance, public health investigation, and public health interventions..."

Effective Date: April 14, 2003

HIPAA Waiver for Information

From time to time, it becomes necessary for employees of the Philadelphia Department of Public Health to examine hospital and medical records during the course of a communicable disease investigation prior to obtaining consent of the patient involved. The authority to examine these records for the above purposes is set forth in: (1) Article XXI of the Commonwealth of Pennsylvania Administrative Code of 1929, as amended 71 P.S. 532; (2) the Disease Prevention and Control Law of 1955, as amended, 35 P.S. 521.1 et seq; and (3) the Philadelphia Department of Public Health Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions, Section 6-202. The authority supersedes the requirements of the Department's regulations regarding confidentiality of patient medical records. The HIPAA Privacy Rule also applies to providers. 45 CFR section 164 lists the exceptions for which an authorization is not required. 164.512(b)(1)(i) allows disclosure for public health activities to "a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, ...the conduct of public health surveillance, public health investigation, and public health interventions..."