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SAMI ABBASI,
D.O. DUAL BOARD
CERTIFIED

ABBASIDERM.COM

WOODHAVEN
21401 Allen Road
Woodhaven, MI 48183
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Introduction

At Abbasi Dermatology we are committed to treating and using Protected Health Information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective July 1, 2010 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Abbasi Dermatology, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: Ensure its accuracy, better understand who, what, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Right

Although your health record is the physical property of Abbasi Dermatology, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- 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.

Our Responsibility

Abbasi Dermatology is required to:

- Maintain the privacy of your health information
- Provide you with this 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 a reasonable request you may have to communicate health information by alternative means or alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change we will make a revised notice available to you.

We will use your health information for regular health operations

For example: Member of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided in our organization through contacts and business associates. Examples include physician services in the emergency department, hospital and urgent care facility, radiology referrals, laboratory tests, and billing services associated with these associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another responsible person, for the purposes of continuing care. For example: A specialist we referred you to may not have your correct telephone number and need to reschedule an appointment.

Organ procurement organization: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking of transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment or other health related services that may be of interest to you.

Workers Compensation: We may disclose health information to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health for legal authorities charged with preventing or controlling disease, injury or disability.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Abbasi Dermatology at:

WOODHAVEN
Phone: 734-675-0835
Fax: 734-675-0873

NORTHVILLE
Phone: 248-773-5305
Fax: 248-773-5307

If you believe your privacy rights have been violated, you can file a complaint with the practices' Privacy Officer or with the Office for Civil Rights U.S. Department of Health.

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of Abbasi Dermatology's notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I will be offered a revised copy at my next appointment if the Notice of Privacy Practices has been amended.

Signature of Patient or Other Legally Authorized Person

Date