

# **NOTICE OF PRIVACY PRACTICES**

**Lupo Center for Aesthetic and General Dermatology**  
145 Robert E. Lee Blvd., Ste. 302, New Orleans, LA 70124  
(504) 288-2381    www.drmarylupo.com

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Lupo Center for Aesthetic and General Dermatology (hereafter referred to as The Lupo Center) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your information. The terms of this notice apply to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision or amendment will apply to all your past records and records created or maintained in the future. You may request our most current copy of this notice at any time. If you have questions about any part of this notice or if you want more information about the privacy practices at The Lupo Center, please contact:

Compliance Officer  
Lupo Center for Aesthetic and General Dermatology  
145 Robert E. Lee Blvd., Ste. 302, New Orleans, LA 70124  
504-777-3047

## **I. How The Lupo Center May Use or Disclose Your Protected Health Information**

The Lupo Center collects information from you and creates records regarding the treatment and services we provide to you. This information is stored in a chart and on a computer. The medical record is the property of The Lupo Center, but the information in the medical record belongs to you. The Lupo Center protects the privacy of your health information. The law permits The Lupo Center to use or disclose your health information for the following purposes:

**Treatment:** We may use and disclose your health information to treat you. For example, we may disclose your health information to a laboratory if you require blood work, cultures or pathological services. We may use your health information to order a prescription for you at a pharmacy. Additionally, we may disclose your information to others who may assist in your care, such as your spouse, children or parents.

**Payment:** We may use and disclose your health information to bill and collect payment for services and items you may receive from us. For example, we may disclose treatment information to your insurance company to determine if your carrier will pay for services or medications. We may also use your health information to bill third parties responsible for costs or to bill you directly.

**Health Care Operations:** We may use and disclose your health information to operate our business. For example, we may use your health information to evaluate the quality of care you received from us. We may use your health information to conduct cost-management and business planning activities for our practice.

**Release of Information to Family/Friends:** We may disclose your health information to a friend or family member that is involved in your care or assists in taking care of you. For example, we may disclose your information to a home health aide who assists directly in your care. We may also disclose information to adults who accompany minors to a visit.

**As Required By Law:** We will use and disclose your health information as required by federal, state or local law.

**Public Health:** As required by law, we may disclose your health information to public health authorities for purposes such as:

- Preventing or controlling disease, injury or disability
- Reporting abuse, neglect or domestic violence
- Reporting problems with products and reactions to medications to the FDA or appropriate drug company representatives
- Notifying of a person regarding potential exposure to a communicable disease or the potential risk for spreading or contracting a disease or condition
- Reporting disease or infection exposure

**Public Safety:** We may disclose your health information to appropriate persons or organizations in order to reduce or prevent a serious threat to the health and safety of you, another person or the general public.

**Health Oversight Activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings necessary for the government to monitor government programs and the overall health care system.

**Judicial and Administrative Procedures:** We may disclose your health information during the course of any administrative or judicial proceeding.

**Law Enforcement:** We may disclose your health information to a law enforcement official for purposes such as:

- Identifying or locating a suspect, material witness, fugitive or missing person
- Providing information about the victim of a crime in certain situations, if we are unable to obtain the victim's agreement
- Reporting criminal conduct at our office
- Compliance with a warrant, court order, summons, subpoena or similar legal process

**Research or Publications:** We may use or disclose your health information for the purposes of research being conducted with approval from an Institutional Review Board. We may also use or disclose your health information in articles written for publication in medical journals after obtaining your written consent.

## **II. Your Rights Regarding Your Health Information**

You have the following rights regarding the health information we maintain about you:

**Confidential Communications:** You have the right to request that we communicate with you in a particular manner or at a certain location. For example, you may request that we contact you at home rather than at work. To request a specific type of communication, you must submit a written statement to our compliance officer detailing your specific request.

**Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your health information. *For example* – you may request that your health information be disclosed only to specific persons involved in your care or for the payment of your care. Your request may be denied. If we agree, your information may still be disclosed as required by law. To request a restriction, you must submit a written statement to our compliance officer detailing your specific request.

**Inspection and Copies:** You have the right to inspect and request copies of the health information we maintain about you. We may charge a fee for the costs of copying, mailing, labor or supplies associated with your request. Your request may be denied. If it is denied, you may request a review of our denial that will be conducted by another licensed health care professional chosen by us. You can make an oral request for copies to any staff member. To request an inspection, you must submit a written statement to our compliance officer.

**Amendment:** You may request that your health information be amended if you believe it is incorrect or incomplete. You may request an amendment for as long as the information is kept by our practice. To request an amendment, you must submit a written statement to our compliance officer detailing your specific request. You do not need to submit a request for changes in name, physical address, phone number or insurance coverage. Your request may be denied if you do not submit a written request or if, in our opinion, the information is accurate and complete.

**Accounting of Disclosures:** You have the right to an “accounting of disclosures” which is a list of non-routine disclosures of your health information by our practice for non-treatment or operations purposes. An accounting of disclosures does not include information shared between the doctor and nurse or other staff members or information used by our billing department to file a claim with your insurance company. To request an accounting of disclosures, you must submit a written statement to our compliance officer. The request must include a time period not longer than six (6) years from the date of disclosure.

**Right to a Paper Copy of This Notice:** You are entitled to a paper copy of our Notice of Privacy Practices. You may request a copy of our most recent notice from any staff member.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our compliance officer or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, you must submit your complaint in writing to our compliance officer. You will not be penalized for filing a complaint.

**Right to Provide Authorization for Other Uses:** Our practice will obtain your written authorization to use or disclose your health information in a manner not identified in this notice or allowed by applicable law. Any authorizations you provide may be revoked at any time by submitting a written statement to our compliance officer.

*Should you have further questions about the information contained in this notice or the policies and procedures of The Lupo Center, please contact our compliance officer using the information provided on the front of this document.*

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

The Lupo Center for Aesthetic and General Dermatology is required by law to maintain the privacy of my health information and provide me with a notice of its legal duties and privacy practices with respect to my information. I may request the most current copy of this notice at any time and The Lupo Center reserves the right to revise this notice at any time.

By signing below, I acknowledge that a copy of the Notice of Privacy Practices was made available to me.

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Print Name of Patient

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Date

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Signature of Patient or Legal Guardian