



# SUTTON PLACE

## DERMATOLOGY

### PRIVACY POLICIES

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical information to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients. Patients should not be afraid to provide information to our practice and its physicians and staff for purposes of treatment, payment and healthcare operations (TPO). To that end, our practice and its physicians and staff will—

- ☞ Adhere to the standards set forth in this Notice of Privacy Practices.
- ☞ Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate.
- ☞ Recognize that PHI collected about patients must be accurate, timely, complete, and available when needed.
- ☞ Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and its physicians and staff will:
  - Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
  - Not disclose PHI data unless the patient (or his or her authorized representative) has properly authorized the release or the release is otherwise authorized by law.
- ☞ Recognize that, although our practice “owns” the medical record, the patient has a right to inspect and obtain a copy of his/her PHI.
- ☞ All physicians and staff of our practice will adhere to any restrictions concerning the use and disclosure of PHI that patients have requested and have been approved by our practice.

Questions or complaints about this privacy statement should be directed to the privacy officer, our office manager Ms. Jessica Anastasio.

Our practice may change this privacy policy in the future. Any changes will be effective upon release of a revised privacy policy and will be made available to patients upon request.



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**RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
**WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of Sutton Place Dermatology's notice  
of \_\_\_\_\_  
Patient Name

Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date