



Welcome to Agape Dermatology. Our physicians are certified by the American Board of Medicine. This organization also consists of credentialed and licensed physician assistants in the state of Massachusetts and Rhode Island. Our physician assistants are specialized in Dermatology.

If you have a suggestion on how we may serve you better, please submit your suggestion in writing to the receptionist or mail it to the office.

Additionally, please be advised that this organization does not recognize DO NOT RESUCITATE ORDERS or LIVING WILLS. If you have any questions please see the receptionist.

## NOTICE OF PRIVACY PRACTICES

### **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.**

Agape Dermatology is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and make new provisions effective for all information we maintain:

You have the right to:

- Authorize and Consent to the use and disclosures of protected health information
- Request restrictions on how we use disclosure of your medical information – we do not have to agree to your request.
- Receive confidential communication to an alternate phone or address.
- Request amendment to your medical information. Receive an accounting of disclosures of your medical information not authorized by you and not for purposes of treatment, payment or health care operations.
- Inspect and copy protected health information.

### **USES AND DISCLOSURE**

- Examples of how information may be used for treatment, payment and health care operations include:
  - Treatment – We keep a record of each patient visit that includes your test results, diagnoses, medications, surgeries, progress and response to the care you need.
  - Payment – We keep a record of the services and supplies provided to deliver your care so we can bill and be paid by you and/or your insurance company.
  - Health Care Operations – We use medical information to evaluate and improve the quality of care and services we provide, to train and monitor staff and students, and to manage the operation of the practice;

We may also use the information for appointment reminders, to describe or recommend treatment, alternatives, and to provide information about health-related benefits. Your health information may be shared among Agape Dermatology representatives and business associates to facilitate treatment, payment, or to manage the business of the practice (health care operations). Business associates who access medical information must follow our requirements to protect the privacy of the information we provide to them.

There are other reasons which permit us to use or disclose medical information, including:

- As required by law
- For public health activities
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as inspections
- For judicial or administrative proceedings
- For law enforcement purposes
- To coroners, medical examiners, and funeral directors
- For organ donation
- To avert a serious threat to health or safety
- For specialized government functions such as national security and intelligence
- To a correctional institution if you are an inmate
- For workers' compensation if you are injured at work

Agape Dermatology recognizes and values each individual's right to privacy. This notice of Privacy Practices provides information on our responsibilities to protect the confidentiality of your health information. This Notice also provides information on how we may use and disclose medical information.

If you need clarification or more information on any portion of the Notice, if you would like to exercise your rights, or if you feel your privacy rights have been violated, contact the Privacy Offices at 508-774-488-588 (MA), 401-396-2227 (RI) or write to the following address:

Agape Dermatology  
Att: Privacy Officer  
191 Bedford St.  
Fall River, MA 02720

Agape Dermatology  
Att: Privacy Officer  
49 Seekonk St.  
Providence, RI 02903

All Complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of the United States of the United States Department of Health and Human Services.

## **PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

### Rights

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals, which make up the office organization. It is in recognition of these factors that these rights are affirmed.

The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exists, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment. The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from the physician complete current information regarding his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about his/her care, treatment and services and the patient has the right to have his/her pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate the patient's family has the right, to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse events.

The patient has the right to expect that within its capacity, this facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.

The patient has the right to obtain information regarding any relationship of this facility to other health care and educational institutions in so far as his/her care is concerned: The patient has the right to obtain information regarding the existence of any professional relationships among individuals, by name, who is treating him or her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

The patient has the right to know the mechanisms for grievance as well as suggestions.

The patient has the right to change his/her choice of practitioners.

The patient has the right to refuse care, treatment, and services in accordance with law and regulation.

The patient has the right to dispute information in his or her medial record.

The patient has the right to examine and receive an explanation of his or her bill and to expect ethically billing practices.

## RESPONSIBILITIES

The patient has the responsibility to provide the practitioner with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, and unexpected changes in the patient's condition.

\*\*\*The patient is responsible for asking questions when he or she does not understand the medical information, plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan. The patient and family are responsible for the outcomes if they do not follow the care plan.

The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct.

Patients and families are responsible for being considerate of the practice's staff and property.

The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.