

# Notice of Privacy Practices

## Patient Consent Form

Derick Dermatology, LLC  
Phone: (847) 381-8899  
www.DerickDermatology.com

### Your Information. Your Rights. Our Responsibilities.

#### EFFECTIVE DATE: 4/8/2019

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.

#### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.

Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our privacy and security officers:
  - Privacy Officer: Angelika Sowa | (847) 381-8899 x1130 | [asowa@derickdermatology.com](mailto:asowa@derickdermatology.com)
  - Security Officer: Brandon Bergman | (847) 381-8899 x1234 | [bbergman@derickdermatology.com](mailto:bbergman@derickdermatology.com)
  - By Mail: Derick Dermatology, ATTN: Privacy Officer, 1531 S Grove Avenue, Unit 101, Barrington, IL 60010
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory - **We do not create or manage a hospital directory**

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to*

health or safety.

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information - **We do not sell patient information under any circumstance**
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- **We do not perform any fundraising activities**

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We will use your health information to communicate with you about your upcoming appointments. For example:

- We will send you an email or a text message to remind you of an upcoming appointment.
- We may also use email or text message to send you patient surveys and other non-marketing communications.

You may choose to opt out of these communications at any time.

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services

if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Disclosure of certain records**

For certain records, state law requires greater protection than federal law. For example, we will never share any substance abuse treatment records, your HIV status or any mental health or developmental disability records without your written permission.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Service locations covered by this Notice**

#### **Derick Dermatology, LLC - Arlington Heights**

85 W Algonquin Road, Suite 220  
Arlington Heights, IL 60005

#### **Derick Dermatology, LLC - Barrington**

1531 S Grove Avenue, Unit 101  
Barrington, IL 60010

#### **Derick Dermatology, LLC - Bartlett**

820 W Bartlett Road  
Bartlett, IL 60103

#### **Derick Dermatology, LLC - Bolingbrook**

329 Remington Blvd, Suite 225  
Bolingbrook, IL 60440

#### **Derick Dermatology, LLC - Buffalo Grove**

750 W Lake Cook Road, Suite 270  
Buffalo Grove, IL 60089

#### **Derick Dermatology, LLC - Crystal Lake**

525 E Congress Parkway, Suite 200  
Crystal Lake, IL 60014

#### **Derick Dermatology, LLC - Elgin**

1600 N Randall Road, Suite 400  
Elgin, IL 60123

**Derick Dermatology, LLC - Libertyville**

950 Technology Way, Suite 150  
Libertyville, IL 60048

**Derick Dermatology, LLC - Lindenhurst**

1025 Red Oak Lane, Suite 250  
Lindenhurst, IL 60046

**Derick Dermatology, LLC - McHenry**

353 Bank Drive, Suite 400  
McHenry, IL 60050

**Derick Dermatology, LLC - Naperville**

263 Shuman Boulevard, Suite 125  
Naperville, IL 60563

**Derick Dermatology, LLC - Oak Brook**

1900 Spring Road, Suite 210  
Oak Brook, IL 60523

**Derick Dermatology, LLC - Park Ridge**

8501 W Higgins Road, Suite 100  
Chicago, IL 60631

**Derick Dermatology, LLC - Skokie**

5250 Old Orchard Road, Suite 110  
Skokie, IL 60077

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.



# Notice of Nondiscrimination

Derick Dermatology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Derick Dermatology does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Derick Dermatology:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact Ashley Mayerck at 847-381-8899 x1147

If you believe that Derick Dermatology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Ashley Mayerck, Civil Rights Coordinator in person, or via mail, fax or email at:

Derick Dermatology  
Attn: Civil Rights Coordinator  
1531 S. Grove Ave. Suite 101  
Barrington, IL 60010

Phone: 847-381-8899 x1147

Fax: 847-381-8999

Email: [CRC@derickdermatology.com](mailto:CRC@derickdermatology.com)

If you need help filing a grievance, Ashley Mayerck, our Civil Rights Coordinator, is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Room 509F, HHH Building  
Washington D.C. 20201

Phone: 800-368-1019 / 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-847-381-8899.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-847-381-8899.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-847-381-8899。

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-847-381-8899 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-847-381-8899.

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 847-381-8899

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-847-381-8899.

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-847-381-8899

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-847-381-8899

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-847-381-8899

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-847-381-8899

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-847-381-8899

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-847-381-8899

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-847-381-8899

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-847-381-8899



---

## Summary and Signature

- I understand that I am consenting to electronically sign all documents.
- I understand that my electronic signature is considered the legal equivalent of my manual signature.
- I understand that I have the right to request printed copies of all electronically signed documents.
- I understand that I have the right to receive these documents in paper form.
- I understand that I have the right to consult with my provider prior to signing my consent forms.
- I have read my consent forms carefully, and I understand their contents including the following:
  - Description of proposed treatment
  - Risks and possible complications
  - Limitations of treatment
  - Contraindications and warnings
  - Alternative treatments
  - The risks of refusing treatment
  - Financial considerations
- I have no additional unanswered questions regarding my consent forms.
- I understand that there is no guarantee of a perfect result or cure.
- I voluntarily request that my provider perform the treatments described in my consent forms.

Patient Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_