



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.

Your health information is contained in a medical record maintained by MoleSafe, which medical record is the physical property of MoleSafe. MoleSafe uses and/or discloses your health information to carry out your treatment, to obtain payment for such treatment, for health care operations and for other purposes either permitted or required by law. This Notice of Privacy describes how we may use and/or disclose your health information in connection with providing you with medical treatment or services and describes your rights to obtain access to your health information.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For Treatment – We will use and/or disclose your health information to provide you with medical treatment and related services, including coordination or management of your care with a third party that is also involved in your treatment. For example, we may disclose your health information to another health care provider, such as a specialist to whom you are referred by your physician.

For Payment – We will use and/or disclose your health information to others, as necessary, to obtain payment for the treatment or services you receive. For example, a bill, containing information that both identifies you and your diagnosis or treatment, may be sent to you.

For Health Care Operations – We may also use and/or disclose your health information as necessary to run our business operations and to support the core functions of treatment and payment. These activities include: quality assessment and improvement activities; employee evaluation activities; conducting medical review; legal and auditing services; business planning and development activities; and business management and general administrative activities. We will share your health information, as necessary, with certain “business associates” that provide certain services on our behalf, such as billing or transcription services. Whenever we have an arrangement with a “business associate” involving your health information, we will have that party execute a written contract containing terms that will protect the privacy of your health information.

As Required by Law – We may use and/or disclose your health information as and to the extent required to comply with applicable law. MoleSafe may, for example, disclose information in the course of a judicial or administrative proceeding in response to a court order, subpoena or other lawful process, or may be required in certain instances to report certain information to law enforcement officials or other governmental authorities.

Public Health Activities – We may use and/or disclose your health information for public health activity purposes to a public health agency that is permitted to collect such information for the purpose of controlling disease, injury, disability or other health oversight activities.

Research – We may disclose your health information to researchers when the institutional review board that has reviewed the research proposal has established protocols to ensure the privacy of your health information.

Appointment Reminders and Miscellaneous Other Uses – MoleSafe may also use your health information to provide appointment reminders, or to send you materials with respect to treatment alternatives or other health-related information that may be of interest to you.

YOUR HEALTH INFORMATION RIGHTS

- *You have the right to inspect and copy your health record.* (However, federal and/or state laws may prohibit inspection of certain records, such as psychotherapy notes.)
- *You have the right to request a restriction on certain uses and disclosures of your information.* However, MoleSafe is not obliged to agree to the requested restriction.
- *You have the right to request communications of your health information by alternative means or at alternative locations.* (We will accommodate reasonable requests made, in writing, to our Privacy Officer).
- *You may have the right to have MoleSafe amend your health information.* (You may request an amendment, and in certain cases we may deny your request, in which event, you may file a statement of disagreement and we may opt to prepare a rebuttal thereto, in which case, we will provide you with a copy of such rebuttal).
- *You have a right to revoke your authorization to use or disclose your health information, except to the extent that action has already been taken.*
- *You have the right to receive an accounting of certain disclosures of protected health information we have made.* (This right pertains to disclosure made after April 14, 2003 and does not include disclosure made for treatment, payment or operation purposes or as covered by other restrictions, exceptions or limitations set forth in federal regulations at 45 CFR Section 164.58)
- *You have the right to obtain a paper copy of this Notice from us upon request.*

COMPLAINTS

You may complain to MoleSafe and/or the Department of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint. You may file a complaint with us by notifying our Privacy Officer, whose name and address is set forth below:

Name of Privacy Officer: Jessica Story, Manager

Name of Practice: MoleSafe USA, LLC

Address: 30 Columbia Turnpike Suite 201, Florham Park, NJ 07932

Telephone: 1-877-665-3723

You may also contact our Privacy Officer if you have any questions concerning our policies or your health information.

OUR RESPONSIBILITIES

MoleSafe is responsible to:

- Protect the privacy of your health information
- Provide you with this Notice of its duties and practices
- Comply with the terms of this Notice
- Obtain your written and authorization to use and/or disclose your information for reasons other than those listed about or permitted by law.

MODIFICATION OF PRIVACY NOTICE

MoleSafe reserves the right to change its information practices and make new provisions effective for all protected health information it maintains. Any modification shall have prospective application, but will apply to health records made both before and after the effective date of the policy modification. Revised Notices will be made available to all then current patients and posted in a prominent location within our office. We will also mail copies to any current or former patient who has advised us, in writing, that they want us to mail them copies.

EFFECTIVE DATE

This Privacy Notice was published and becomes effective on June 4, 2008.



Acknowledgement of Receipt of MoleSafe's Notice of Privacy Practices

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A
COPY OF MOLESAFE'S NOTICE OF PRIVACY PRACTICES.**

Patient's Name (Print)

Patient's Signature

Date

FOR USE BY OFFICE STAFF ONLY

A Good Faith Attempt was made to Obtain Acknowledgement from the above patient on

_____ (Insert Date).

The reason patient's Acknowledgement was not obtained is as follows:

Signed: _____
Staff Employee