

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

RECEIVED

Nov 03 2020

SC Court of Appeals

Appellate Case No. 2019-001145 / Lower Case No. 2017-CP-40-00517

Jackie Eadon Chalfant, Individually and as a Personal Representative of the Estate
of Michael Dallas Chalfant.....Appellant

v.

Carolinas Dermatology Group, P.A., a South Carolina Professional Association,
and Mark G. Blaskis, M.D., Individually.....Respondents

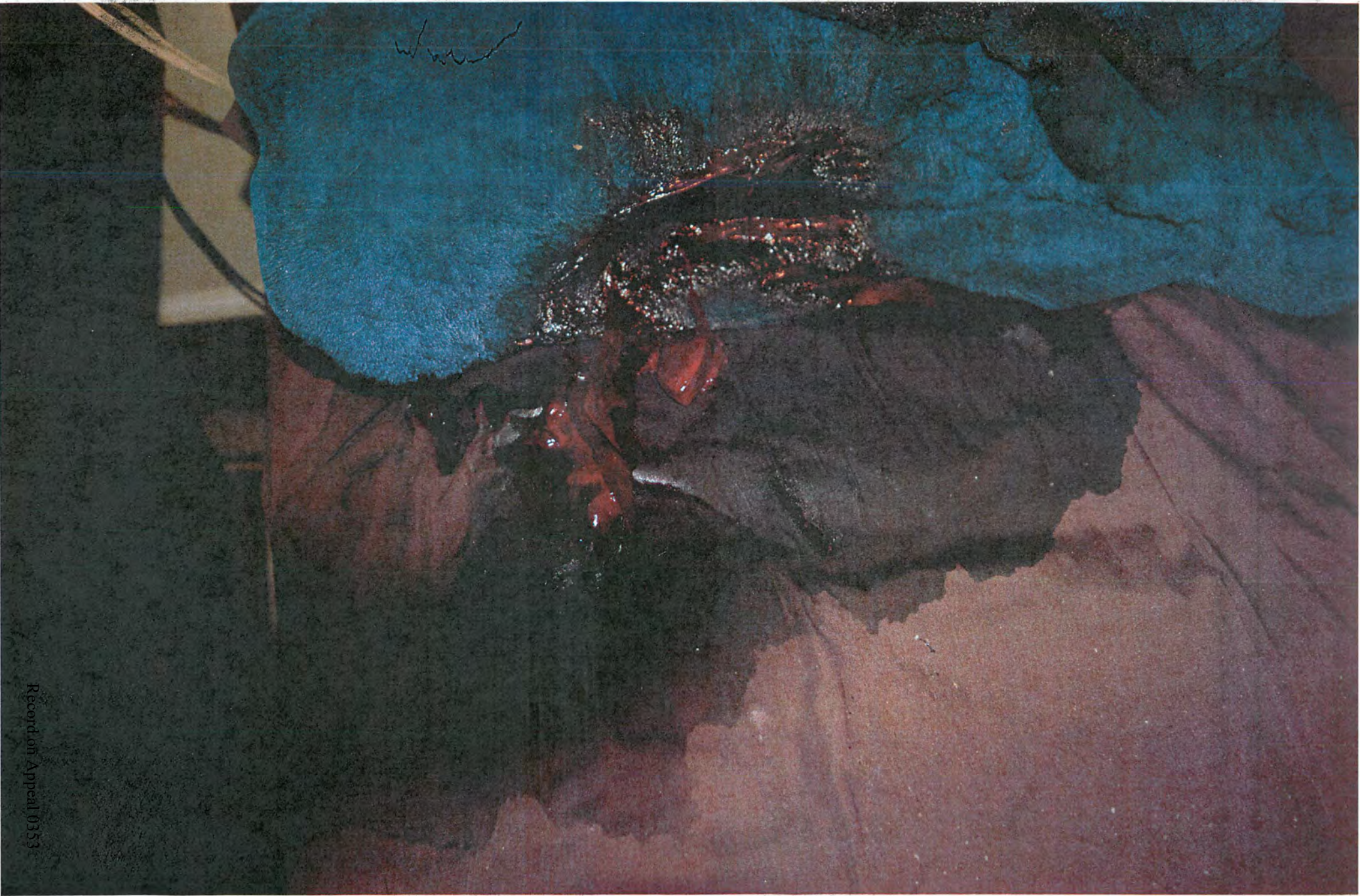
SECOND AMENDED RECORD ON APPEAL VOL. III

s/ Michael G. Fink
Michael G. Fink, Esq.
MIKE FINK LAW FIRM, P.A.
1500 Royal Palm Square Blvd. Unit 101
Fort Myers, FL 33901
Phone: (239)939-1906
E-mail: mfink@mikefinklaw.net
Attorney for Appellant

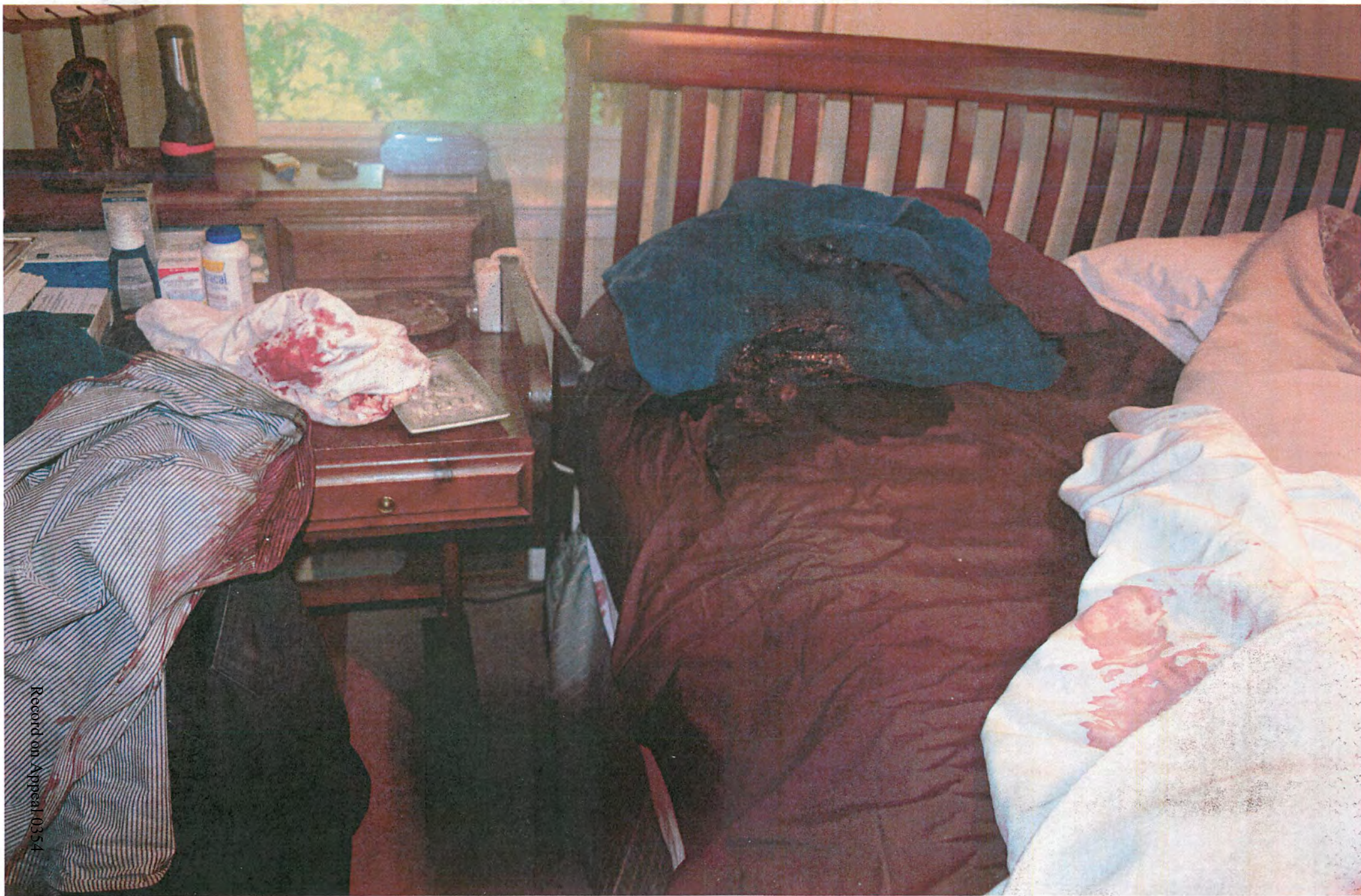
s/Brandon R. Gottschall
Martin S. Driggers
Brandon R. Gottschall
Sweeny Wingate & Barrow, P.A.
Post Office Box 12129
Columbia, South Carolina 29211
(803)256-2233
Attorneys for Respondents

INDEX

Form 4 Order Granting Directed Verdict dated June 7, 2019.....	2
Form 4 Amended Order Granting Directed Verdict dated June 21, 2019.....	3
Order Dismissing Appeal for Failure to Order Transcript dated August 12, 2019.....	6
Order Granting Motion to Reinstate dated November 7, 2019.....	7
Plaintiff's Complaint filed January 30, 2017.....	8
Defendants' Answer to Complaint filed March 3, 2017.....	41
Plaintiff's Reply to Affirmative Defenses filed March 17, 2017.....	50
Appellant's Notice of Appeal filed July 8, 2019	52
Appellant's Amended Notice of Appeal filed July 18, 2019.....	54
Appellant's Second Amended Notice of Appeal filed July 18, 2019.....	56
Correspondence from Court of Appeals Clerk of Court dated July 26, 2019.....	58
Appellant's Motion to Reinstate filed August 30, 2019.....	60
Carolina's Dermatology Group, P.A. Answers to Plaintiff's First Interrogatories, Interrogatory No.24 dated May 17, 2017, published in Trial Transcript pp. 354-356.....	95
Trial Transcript dated June 3 to June 6, 2019.....	109
Doctor Jing Zhang.....	112
Doctor Mark Blaskis.....	125
Doctor Amy Durso.....	165
Doctor Pearson Lang.....	176
Doctor Sean Christensen.....	203
June Compton.....	229
Doctor Mark Blaskis (Out of Presence of the Jury).....	231
Jackie Chalfant.....	236
Trial Exhibits.....	305
Trial Exhibit P-1.....	305
Trial Exhibit P-2.....	306
Trial Exhibit P-3.....	307
Trial Exhibit P-4.....	308
Trial Exhibit P-6.....	353
Trial Exhibit P-8.....	356
Trial Exhibit P-11.....	357
Trial Exhibit P-12.....	363
Trial Exhibit P-17.....	368
Trial Exhibit P-18.....	510
Trial Exhibit P-20.....	515
Trial Exhibit P-21.....	516
Certificate of Appellant.....	524



Wound



Record on Appeal 0354



WOUND CARE

General Care

- Take Tylenol, 2 tablets every 4 hours for pain if needed unless Dr. Quan has prescribed a different pain medication.
- Ice pack may be applied directly over the dressing for 15 minutes every hour while awake for the first 24-48 hours if desired. This aids in the control of swelling and pain.
- Leave pressure bandage in place for 24 hours-then remove and begin wound care.
- **If bleeding, hold continuous pressure for 30 minutes. If it does not stop, please contact our office at the numbers at the bottom of this sheet.**
- No heavy lifting (no more than 5 pounds), exercise or bending over for 1 week.

Wound Care

- Remove the pressure bandage after 24 hours.
- Bathe/wash as you normally would. Leave bandage on while showering then remove and clean. Do not let water from the shower stream hit the wound directly. Avoid jacuzzis or hot tubs for 2 weeks.
- Wash the wound once a day with soap and water. Pat the wound dry and apply Vaseline and band-aid for the 1st week and then Vaseline without bandaid for the 2nd week.

What to Expect

- There may be bruising and swelling of the surgical area.
- You may get a black eye (usually 2 days after surgery) and/or your eye may be swollen shut.
- You may experience numbness, which is usually temporary.
- Skin at the surgical site may appear and feel tight. This relaxes with time. A scar is strong at 30 days but is not mature for 6 months or longer.
- Stitches below the skin help keep the wound together and will be absorbed by the body in 4-6 months. Sometimes a stitch works its way through the skin and may form a pimple. This is not necessarily a problem, but if you have questions about this, give us a call.

Call Our Office If

- ...you are having a great deal of pain not relieved by Tylenol or your prescription medication.
- ...the wound appears to be worse instead of better each day.

How to Reach Us

803-771-7506 day number

Mon-Thur 8:00-4:30

Friday 8:00-12:00

OR

**Contact us through the
Patient Portal (for general questions)**

**After hours if an emergency ONLY, call
Dr. Quan at 803-414-5590. If he does not answer
or call back within 5 minutes, call the answering
service at 803-771-7506**

Entered/Required/Owner	Summary / Company / Contact	Division / Territory	Service Details	Closed
Ticket# 227668 07/25/2017 Michael Smith anab Omar	New Phone For Dr Richardson Station Carolinas Dermatology Group, PA Angela Grant 8037717506 x203 agrant@caroderm.com	IronLogix IT	Status: Closed Type: Voice Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	07/31/2017 by zSys Admin
Detail Description: 07/25/2017 5:17 PM UTC-04 I need to order another phone for Richardson's nurses station. To put it on the other side of the computer when you first walk in the room. This phone just needs for the voicemail to be disabled. Thank you, Angela Grant Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 803-771-7506 ext. 203 803-771-9455 Fax The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you. 07/28/2017 8:00 AM UTC-04 connected the phone and assigned it to new ext. 07/26/2017 8:00 AM UTC-04 A new ext 254 has been created with Vmail disabled. Will get it onsite on Friday when im there.				
Internal Analysis: 07/31/2017 7:54 AM UTC-04 Updated / Clove / Please make sure a phone is added to the ticket along with a 10 ft network cord. then close ticket 07/26/2017 8:26 AM UTC-04 Assigned / Clove / Please check to see if we have a phone in stock. Thx!				
Ticket# 226295 06/20/2017 by Alex Aranda Alex Aranda	Sherry needs help setting up her email on her new iphone Carolinas Dermatology Group, PA Sherry Chittenden 8037717506 x223	IronLogix IT	Status: Closed Type: Data Location: In-house Source: Phone Priority: Priority 3 - Normal Response Team: ILogix Team	06/20/2017 by zSys Admin
Detail Description: 06/20/2017 9:14 AM UTC-04 Sherry needs help setting up her email on her new iphone 06/20/2017 9:00 AM UTC-04 I reset her password and we setup her email on her phone.				
Ticket# 225143 05/23/2017 by Michael Smith Ihab Omar	Angela is having problems with her phone going in & out Carolinas Dermatology Group, PA Angela Grant 8037717506 x203 agrant@caroderm.com	IronLogix IT	Status: Closed Type: Voice Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	05/30/2017 by zSys Admin
Detail Description: 05/23/2017 8:14 AM UTC-04 My phone has been going in and out a lot more recently. It has been doing this for a long time, but has been manageable. I have changed out the cord, so I do have a brand new cord. But now it is getting to the point that when I try to listen to voicemails on my phone, they go in and out so much I have a difficult time getting the entire message. And the same thing when I am on phone calls, it goes in and out. And whenever I try to record any messages from my phone, it is now not even possible for me to do that. They are very choppy and it has long pauses between most of what I am saying. It varies when it does it, sometimes I can go a few days without a problem, and then I have several days where it is constant. Thank you, Angela Grant Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 803-771-7506 ext. 203 803-771-9455 Fax The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.				

05/24/2017 8:00 AM UTC-04 Angela,

we restarted the switch last night. Please let me how the phone does today and tomorrow.

Thanks

05/23/2017 11:30 PM UTC-04 Rebooted the switches in Columbia. for Ihab.

05/25/2017 7:32 AM UTC-04 Awesome, that would be great. I will be here all day today. However, I am off tomorrow (Friday). But today works just fine with me.

Thanks again,

Angela Grant
Carolinas Dermatology Group, P.A.
1706 St. Julian Place
Columbia, SC 29204
803-771-7506 ext. 203
803-771-9455 Fax

The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.

05/24/2017 4:45 PM UTC-04 Angela,

il stop by tomorrow and replace the phone for you with a new one. Hopefully that should take of it. if not, we can dig deeper into the ports on the actual switch.

05/24/2017 3:41 PM UTC-04 Ihab,

It is still doing it. It has actually been pretty bad today, especially with my messages. It goes in and out pretty bad.

Thanks,

Angela Grant
Carolinas Dermatology Group, P.A.
1706 St. Julian Place
Columbia, SC 29204
803-771-7506 ext. 203
803-771-9455 Fax

The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.

05/30/2017 2:20 PM UTC-04 Yes, I have not had any issues since you switched the phone out.

Thank you,

Angela Grant
Carolinas Dermatology Group, P.A.
1706 St. Julian Place
Columbia, SC 29204
803-771-7506 ext. 203
803-771-9455 Fax

The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.

05/30/2017 1:45 PM UTC-04 Angela,

Just following up. Has the quality improved with the new phone?

Thanks

05/25/2017 12:15 PM UTC-04 replaced phone and provisioned it. Please test for a few days and reopen if the issue continues.

Thanks

05/30/2017 2:45 PM UTC-04 Glad to hear it. I will go ahead and close the ticket. feel free to reopen if you encounter any issues.

Internal Analysis:

05/23/2017 4:17 PM UTC-04 Updated / dnichols /

05/23/2017 8:19 AM UTC-04 Assigned / IOmar /

Entered/Required/Owner	Summary / Company / Contact	Division / Territory	Service Details	Closed
Detail Description: 11/12/2015 11:45 AM UTC-05 Angela called me back and I recorded the new prompts with her. 11/12/2015 11:15 AM UTC-05 I called Angela and left her a message to call me back. 11/11/2015 11:21 AM UTC-05 Dr. Quan would like for me to change the way the doctors names are set up. Right now we list the docs names and which number to press to get to their extension. Dr. Quan and Dr. Kahn's patients are getting confused and getting it mixed up. He would like for me to separate the Columbia doctors from the Florence doctors and state it in the prompt. Thank you, Angela Grant Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 803-771-7506 ext. 203 803-771-9455 Fax The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.				
Ticket# 155847 11/10/2015 by Alex Aranda	Debbie has a couple phone questions Carolinas Dermatology Group, PA Debbie Clarke (803) 771-7507	IronLogix IT	Status: Closed Type: Location: In-house Source: Phone Priority: Priority 3 - Normal Response Team: ILogix Team	11/10/2015 by zSys Admin
Detail Description: 11/10/2015 11:28 AM UTC-05 Debbie has a couple phone questions 11/10/2015 10:45 AM UTC-05 I spoke to Debbie and she would like to know how many calls were delivered to email for both extensions 209 and 217 since she is going to have the Answering Service do them for Jean during the coming Holidays. I emailed her the report for both last Monday and Tuesday. 11/10/2015 9:30 AM UTC-05 I remoted in and gave her access to manage extension so she can change the email address and voicemail delivery. I then showed her how to do it.				
Ticket# 155578 10/04/2015 Michael Smith	Phone recording changes Carolinas Dermatology Group, PA Angela Grant (803) 771-7506 x203 agrant@caroderm.com	IronLogix IT	Status: Closed Type: Voice_old Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	11/05/2015 by zSys Admin
Detail Description: 11/04/2015 4:15 PM UTC-05 I worked with Angela and had her re-record all the prompts. 11/04/2015 4:01 PM UTC-05 Alex, I just talked to Debbie, she wanted me to put in a ticket with you. We need to re-record the phone recordings (general message, etc). She wanted me to do it, but said to get with you. I need to add Dr. Kahn and then change option 5 from collections (it goes to me). Thanks! Angela Grant Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 803-771-7506 ext. 203 803-771-9455 Fax The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you.				
Ticket# 154268 10/26/2015 by Michael Smith	Libby reported that the new phones do not have side buttons for exts & park Carolinas Dermatology Group, PA Libby Rhodes (843) 407-2030 x302 lrhodes@caroderm.com	IronLogix IT	Status: Closed Type: Voice_old Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	10/27/2015 by zSys Admin

Entered/Required/Owner	Summary / Company / Contact	Division / Territory	Service Details	Closed
Ticket# 108832 07/03/2014 Alex Aranda	Liz stated they are leaving at noon and need to phone system to go off queue Carolinas Dermatology Group, PA Liz Mayer (Inactive) (803) 771-7506	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Phone Priority: Priority 3 - Normal Response Team: ILogix Team	07/07/2014 by zSys Admin
Detail Description:				
07/03/2014 10:32 AM UTC-04 Liz stated they are leaving at noon and need to phone system to go off queue				
07/03/2014 10:30 AM UTC-04 I called Liz back and explained to her what would happen.				
07/03/2014 10:00 AM UTC-04 I remoted in and created a new AA named Flo-Off-Queue which will read out the options and give them the FLO-Answering service option as well. I then called Liz to let her know that as long as they logged off the queue that everything would work ok. I got her vm so I will try again later.				
Ticket# 108398 06/26/2014 by Michael Smith	Debbie reported that x307 (a portable phone in Florence) is unable to make outgoing calls Carolinas Dermatology Group, PA Debbie Clarke dclarke@caroderm.com	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	06/27/2014 by zSys Admin
Detail Description:				
06/26/2014 4:00 PM UTC-04 I had her try to dial out and it did not work. I rebooted the base station and then had her try again with the 9 in front and it worked fine.				
06/26/2014 3:28 PM UTC-04 Ext. 307 is one of the two portable phones here in Florence and they cannot call out on it.				
Debbie				
Debbie Clarke Carolinas Dermatology Group 1706 St Julian Place Columbia, SC 29204 803 771-7507				
Ticket# 107637 06/18/2014 Michael Smith	After hours phone issue Carolinas Dermatology Group, PA Debbie Clarke (803) 771-7507 dclarke@caroderm.com	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	06/18/2014 by zSys Admin
Detail Description:				
06/18/2014 10:30 AM UTC-04 I logged in and looked into the problem. After some troubleshooting I setup a new extension for the Florence Answering Service and added it to the Florence extension group. I then created a new AA named Flo After Hours which forwards the calls to the new extension which in turn goes out the Florence Patton. I tested it out and it worked fine. I then called Debbie and left her a voicemail to call me back.				
06/18/2014 10:06 AM UTC-04 Alex,				
Dr. McCown had a patient to call in last night bleeding. They pressed 9 and held on and nothing happened. The patient claims they tried multiple times with no success. I do not know if there is a problem with system or if answer service is not picking up. HELP!!!				
D				
Debbie Clarke Carolinas Dermatology Group 1706 St Julian Place Columbia, SC 29204 803 771-7507				
Ticket# 107039 06/09/2014 by Michael Smith	Ashley's phone Status needs to be changed from "Away" Carolinas Dermatology Group, PA Ashley Lawny (Inactive) (803) 771-7506 x204 alawny@caroderm.com	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	06/09/2014 by zSys Admin

Entered/Required/Owner	Summary / Company / Contact	Division / Territory	Service Details	Closed
Detail Description: 06/09/2014 10:40 AM UTC-04 I figured it out. Thanks anyway! Ashley --- Ashley Lawny Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 Ph (803) 771-7506 ext. 204 Fax (803) 771-9455 www.caroderm.com 06/09/2014 10:30 AM UTC-04 I remoted in and set her status to available. 06/09/2014 10:13 AM UTC-04 Hello, I am now back from maternity leave and my phone is on "away". I am not sure if this is something that I did before I left or not, but I am not sure how to get it off of "away". Thank you, Ashley --- Ashley Lawny Carolinas Dermatology Group, P.A. 1706 St. Julian Place Columbia, SC 29204 Ph (803) 771-7506 ext. 204 Fax (803) 771-9455 www.caroderm.com				
Ticket# 106513 06/03/2014	Helen needs phone messages changed Carolinas Dermatology Group, PA Helen Le (Inactive) (803) 771-7506	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Phone Priority: Priority 3 - Normal Response Team: ILogix Team	06/06/2014 by zSys Admin
Internal Analysis: 06/03/2014 9:15 AM UTC-04 Hours of operation for Florence: Prompt 6 & 2 After hours prompt for both offices				
Detail Description: 06/05/2014 2:00 PM UTC-04 Helen emailed me letting me know she was out of the office today but would be back tomorrow and would call me then. 06/05/2014 12:00 PM UTC-04 I emailed Helen asking her to call me to record the greetings. 06/05/2014 8:45 AM UTC-04 I called Helen and left her a voicemail to call me back. 06/03/2014 9:15 AM UTC-04 06/06/2014 9:15 AM UTC-04 I worked with Helen and recorded both prompt messages.				
Ticket# 104973 05/21/2014 by Michael Smith	Florence needs 2 notebooks and a wireless phone Carolinas Dermatology Group, PA Debbie Clarke (803) 771-7507 dclarke@caroderm.com	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Phone Priority: Priority 3 - Normal Response Team: ILogix Team	06/12/2014 by zSys Admin

Entered/Required/Owner	Summary / Company / Contact	Division / Territory	Service Details	Closed
Detail Description: 10/15/2013 8:15 AM UTC-04 I worked on the template for the Voicemail Transfer button and was able to get it figured out. I set the setting in the phone and then exported the config and looked at how it had it in it and then applied it the same way to the 3cx template and then went extension by extension and cleared out the voicemail transfer button and then reprovisioned the phones and it worked. I had Liz test it out and it worked fine. I will reboot the switch after hours so that it updates the rest of the phones. 10/15/2013 8:09 AM UTC-04 Transfer to Voicemail button not working on all phones 10/14/2013 2:30 PM UTC-04 Tried provisioning our templates and phones and was unable to get it to work. 10/14/2013 11:30 AM UTC-04 Went and found the button was not working. After some research I remembered I had to set it for a Prefix. I worked on trying to get the template to work but was unable to provision the button via the template.				
Ticket# 67636 10/04/2013 by Michael Smith	Auto prompts for phone system say the wrong fax # Carolinas Dermatology Group, PA Debbie Clarke (803) 771-7507	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	10/07/2013 by Michael Smith
Detail Description: 10/04/2013 11:01 AM UTC-04 Good morning! I received a call from a Dr. office today and she wanted to let us know that when she was in the automated options she pressed the # 6 for office information and on that option it lists our old fax # of 803-753-5611...our updated fax is 803-771-9455 for our main fax line...our alternate fax is 803-254-0176. I am ext 243 if you need to speak with me directly. Thanks, Liz 10/07/2013 11:25 AM UTC-04 Changed and sent the script to Helen. She re-recorded the message with the change and I activated it. 10/07/2013 9:30 AM UTC-04 I called and listened to the fax number and it was the old one. I called Helen and left her a message to call me back so we could record the correct number.				
Ticket# 67474 10/03/2013 by Michael Smith	Phone calls dropping & interruption to voicemails with one of the recordings Carolinas Dermatology Group, PA Elizabeth Mayer (Inactive) (803) 771-7506	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	10/04/2013 by Michael Smith
Detail Description: 10/04/2013 12:30 PM UTC-04 We had not restarted phone services since monday when John was causing all the problems. I did that at lunch when there was no call activity. Longest hold time was 5:36. 10/03/2013 11:30 AM UTC-04 Good Morning! This is Elizabeth in the scheduling department @ Carolinas Dermatology. Just wanted to send an email in regards to a few issues we were experiencing. We have had a few calls drop (3) and also we have received feedback from patients stating that when they are leaving a voicemail message for a nurse or certain department they have been interrupted half way through the message with the Voicemail message recording coming in during their call. Some patients have stated they are experiencing wait times of over 15 minutes for an operator to pick up but we have not seen that on our end. The longest wait time I have seen was 4 minutes. Since we have heard this from a few patients today we were just wanting to bring it to attention. Patty (ext 229) has spoken personally with a few of those patients if you need more specifics, she can help. Thanks and have a good day! Elizabeth M. (ext 243)				
Ticket# 67317 10/02/2013 by Michael Smith	Call Waiting Phones Carolinas Dermatology Group, PA Ashley Lawny (Inactive) (803) 771-7506 x204 alawny@caroderm.com	IronLogix IT	Status: Closed Type: MUST CHANGE Location: In-house Source: Email Connector Priority: Priority 3 - Normal Response Team: ILogix Team	10/03/2013 by zSys Admin

GENERAL POST-OPERATIVE INSTRUCTIONS **DERMATOLOGIC SURGERY**

TRIDENT DERMATOLOGY

Pearon G. Lang, M.D.

9295 MEDICAL PLAZA DRIVE SUITE A-B
CHARLESTON, SC 29406
OFFICE: (843) 797-3960
FAX: (843) 797-7492

TO MINIMIZE BLEEDING:

Avoid strenuous activity, heavy lifting, bending over, or vigorous nose blowing for one week after surgery. **The consumption of alcohol can increase your risk of bleeding. You should abstain from alcohol intake for 48 hours post operatively.**

Keep the dressing dry and clean and intact for the first 48 hours unless otherwise directed.

IF THE WOUND BLEEDS:

Apply firm, direct pressure to the wound for 20 minutes.

If the bleeding does not stop, try pressing in a slightly different location.

If bleeding continues, call 843-797-3960.

TO MINIMIZE SWELLING:

Keep the extremity or head elevated.

Apply ice packs (crushed ice is preferable) as needed. Apply the ice for 15-30 minutes as tolerated, every two hours while awake until the swelling begins to subside. Once the swelling starts to decrease, use the ice packs every 4 to 6 hours..

For the pain: you may take Tylenol or the generic acetaminophen. Take 3 regular strength or 2 extra strength tablets every 4 to 6 hours. You can be given a prescription for something stronger if you so desire.

PEARON G. LANG, M.D.
DIPLOMATE AMERICAN BOARD OF DERMATOLOGY
FELLOW, AMERICAN COLLEGE OF MOHS SURGERY
BOARD CERTIFIED IN DERMATOPATHOLOGY

Post Operative Care of Sutured Wounds

TRIDENT DERMATOLOGY

Pearon G. Lang, M.D.

9295 MEDICAL PLAZA DRIVE SUITE A-B
CHARLESTON, SC 29406
OFFICE: (843) 797-3960
FAX: (843) 797-7492

SUPPLIES NEEDED:

Paper Tape / Vaseline/ Q-tips
Telfa (Non-Stick Dressing)
Steri strips or Butterflies

Bathe daily but keep the dressing *dry and in place for 48 hours after surgery*. Limit activities as directed by your physician to avoid having the wound open up or bleed.

AFTER THE FIRST TWO DAYS

Proper care and treatment of a wound is imperative for proper wound healing. *Always* wash your hands thoroughly before and after touching the surgical site. If you are caring for a wound that is not yours, make sure to use gloves to protect against disease transmission.

- Clean the stitches twice-a-day with *warm water and soap (e.g., Dial or Dove)* keep the incision free of scabs
- **Do Not Use Hydrogen Peroxide**
- Pat the area dry with a sterile gauze pad.
- Apply strips of paper tape, steri strips or butterflies across the incision to provide more support and decrease tension on the skin. You must use the strips of paper tape, steri strips or butterflies until you return for suture removal. Replace them if they get wet, dirty, or if they become loose
- Apply Vaseline *on top* of the strips of paper tape, steri strips or butterflies
- **Apply a non-stick dressing, only if necessary.** Letting air get to the wound may decrease the risk of infection.

If the wound becomes red, tender or painful, or if there is increased drainage, it may be infected. Call Dr. Lang or one of his staff at (843) 797-3960.

MAKE SURE THAT YOU HAVE AN APPOINTMENT FOR SUTURE REMOVAL

PEARON G. LANG, M.D.
DIPLOMATE AMERICAN BOARD OF DERMATOLOGY
FELLOW, AMERICAN COLLEGE OF MOHS SURGERY
BOARD CERTIFIED IN DERMATOPATHOLOGY

Trident Dermatology

Date of Appointment: _____

PATIENT HISTORY (REV 1/17)

Patient's Name: _____ DOB: _____ Age: _____ Sex: M / F

Did a physician refer you to us? Y / N If yes, what is his/her name? _____

Who is your primary care provider? _____

Past Medical History:

- Have you had an Artificial Joint procedure within the last 2 years? Yes No
- Have you EVER had an Artificial Valve Replacement? Yes No
- Do you have a Defibrillator? Yes No
- Do you have a Pacemaker? Yes No

☐ Anxiety	☐ Arthritis	☐ Asthma	☐ Atrial Fibrillation
☐ Bone Marrow Transplant	☐ BPH	☐ Breast Cancer	☐ Colon Cancer
☐ COPD	☐ Coronary Artery Disease	☐ Depression	☐ Diabetes
☐ Renal Disease	☐ GERD	☐ Hearing Loss	☐ Hepatitis
☐ HIV/AIDS	☐ High Cholesterol	☐ High Blood Pressure	☐ Hyperthyroid
☐ Hypothyroid	☐ Leukemia	☐ Lung Cancer	☐ Lymphoma
☐ Prostate Cancer	☐ Radiation Treatment	☐ Seizures	☐ Stroke
☐ Other: _____			

Have you had a complete skin exam before? Yes No

If yes, when was your last exam? _____

Would you like a full skin exam today? (head-to-toe examination of your skin) Yes No

Do you have any kidney or liver problems that could affect medications you may be prescribed? Yes No

Do you require antibiotics before surgery or dental procedures? Yes No

Do your scars make unusual thick bumps called keloids? Yes No

Females only:

Are you pregnant? Y / N If yes, _____ months?

Are you planning to become pregnant in the near future? Yes No

Have you had any of the following skin conditions?

☐ None	☐ Acne	☐ Actinic keratosis (pre-cancers)	☐ Basal cell skin cancer
☐ Blistering sunburns	☐ Dry skin	☐ Eczema	☐ Flaking or itchy scalp
☐ Hay fever/Allergies	☐ Melanoma	☐ Poison Ivy	☐ Pre-cancerous moles
☐ Psoriasis	☐ Squamous cell skin cancer	☐ Other: _____	

Do you wear sunscreen? Y / N If yes, what SPF? _____

Do you tan in a tanning salon? Y / N

Do you have a **Family History** of Melanoma? Y / N If yes, which relative? _____Do you have a **Family History** of other skin cancers? Y / N If yes, which relative? _____**Surgical History:** (Please list all SKIN CANCER surgeries and any other MAJOR surgeries)

1. _____	2. _____
3. _____	4. _____

Medications: (Please list all meds you are currently taking with the dosage and approximate date started)

Medication	Date Started	Medication	Date Started

*******PLEASE COMPLETE BACK SIDE OF FORM!!!**

Trident Dermatology

Date of Appointment: _____

PATIENT HISTORY (REV 1/17)

What medications are you allergic to? _____

Social History:

Have you ever smoked? Y / N Do you currently smoke? Y / N

Do you drink alcohol? _____None _____<1 drink per day _____1-2 drinks per day _____3-4 drinks per day

Race (please circle): White Black/African American Asian American Indian/Native Alaskan

Preferred Language: English Spanish Other: _____

Please tell us about why you are here today:

Choose the TOP 3 CONCERNS that are most important to you today

PROBLEM #1:

What is it? (rash, acne, bumps, skin lesion- growing, painful, bleeding, red, itchy) _____

Where is the problem? (arms, legs, scalp, etc.) _____

How long have you had it? _____

What treatments/medicines have you tried& did they help? _____

What makes it better or worse?(weather changes, picking at it, etc.) _____

PROBLEM #2:

What is it? (rash, acne, bumps, skin lesion- growing, painful, bleeding, red, itchy) _____

Where is the problem? (arms, legs, scalp, etc.) _____

How long have you had it? _____

What treatments/medicines have you tried & did they help? _____

What makes it better or worse?(weather changes, picking at it, etc.) _____

PROBLEM #3:

What is it? (rash, acne, bumps, skin lesion- growing, painful, bleeding, red, itchy) _____

Where is the problem? (arms, legs, scalp, etc.) _____

How long have you had it? _____

What treatments/medicines have you tried & did they help? _____

What makes it better or worse?(weather changes, picking at it, etc.) _____

***Your dermatologist can perform a skin screening for cancer or abnormal moles at your request. Please tell your nurse if you would like a complete skin exam when you are taken into the exam room. ***

Pharmacy _____ Street & City _____

Do we have permission to leave a message on your answering machine?

YES

NO

CURRENT MEDICATIONS

Hudson C. Rogers, MD, Diplomate American Board of Dermatology D. Michael Hull, MD, Diplomate American Board of Dermatology
John Maize, Jr., MD, Diplomate American Board of Dermatology Michael D. Overcash, MPAS, Certified Physician Assistant E. George Butler, MD Diplomate of American Board of Dermatology
Pearson G. Lang, MD, Diplomate American Board of Dermatology

5295A-B Medical Plaza Drive
Charleston, SC 29406

NAME:

Tel. (843) 797-3960
FAX (843) 553-4216

DRUG ALLERGIES:

[illegible]

Policy and Procedure on logging out of system(s)/computer

All employees are responsible for making sure their computer(s) are shut down properly at the end of the day. Each employee uses up to 4-5 different business applications throughout the day, this includes, Practice management system(s), EHR system(s), Email, Accounting system(s), and any web based accounts. In order for these applications to run properly, they must be closed out at the end of the day. This also helps ensure that you are logged out of the system and that another employee does not have the ability to use any system in your name. Many of our systems must be shut down at the end of the day, in order for the date to properly accrue. The following steps are required by each employee at the end of the day:

- Logging off of any system and or web based application that you may have used throughout the day
- Saving any documents, word, excel, etc.
- Shutting the computer down, until the next business day.
- Employees may also just restart their computer before leaving, allowing the computer to lock itself before the next business day.
 - Restarting your computer will bring the computer back to standard settings and if any updates need to be done, it allows the computer to do so. After the computer has restarted, it automatically locks the computer.
 - Employees are responsible for making sure that all computers in their station(s) is securely locked and disabled for any outside use.
 - Nursing/Medical Assistant staff is required to make sure computers in their patient rooms are shut down properly as well.

Policy and Procedure for Security & Privacy –Breach Notification

When any security and/or privacy breach has happened, the employee is required to notify the HIPAA office immediately. Our office must comply with the HIPAA rules and regulations whenever there is a possible or potential breach. Any employee involved should not try to resolve the matter; the employee should immediately get the HIPAA officer and have him or her handle the situation. The following is the guidelines/requirements of the HIPAA officer:

- Make the notification without unreasonable delay and in any event within 60 days of discovery (or within 60 days of the date of the breach, should have been discovered).
- Make the notification by first class mail or electronic mail “if specified as a preference” by the individual, and include the following information: (this is only if the breach requires a notification of individuals involved or possibly involved -500 or more).
 - Circumstances of breach
 - Date of the breach
 - Date of the discovery
 - Type of PHI involved
 - Steps the covered entity is taking to mitigate harm and to protect against future breaches
 - How the individual can obtain additional information about the breach
- Maintain a log of breaches that affect fewer than 500 individuals and report such breaches annually to HHS. If a breach affects 500 or more individuals, notify HHS immediately. HHS will post information about breaches affecting more than 500 individuals.
- Notify “prominent media outlets” serving a state or jurisdiction if the breach affects more than 500 residents of that state or jurisdiction.

Policy and Procedure on Password Management

All employees have been trained on the importance of their usernames and passwords. Each employee is given a username for our Practice management system(s): Allscripts, Caretracker, SRS, and Desktop. If necessary some employees will be given a username and password for practice management systems that consist of, Email, Misys, Mas 90, and/or Eligibility Payerpath (with Allscripts). The following is guidelines to all of our systems:

Allscripts Cloud

- Employees are required to sign into the Allscripts cloud icon prior to signing into the Allscripts PM system first.
 - The system automatically requires a user to change their password every 30 days.

Allscripts PM

- Employees are given another Allscripts username and password to sign into the Allscripts PM system.
- Employees are strongly advised to not have the same password for the Cloud and the PM system.
 - The system automatically requires a user to change their password every 90 days.

Payerpath –Allscripts PM

- Employees in the billing and insurance departments are given access to a payerpath system. This helps with insurance claims, questions and/or payment.
 - The system does not automatically require password change.

Caretracker

- Employees are required to still user Caretracker, this is our old PM system that as of January 26th, 2015 will no longer key anymore charges, patient demographics and or appointments.
 - The system automatically requires a user to change their password every 90 days.

Misys

- This is an older PM system that we still use for past notes, collection notes, and or billing inquires; only a few employees have access to this system.
 - The system does not automatically require password change.

SRS

- This is our EHR system that contains all of our patient charting documentation, EOB documentation and Router documentation. All employees have access to this system with their own username and password.
 - The system does not automatically require password change.

Policy and Procedure on Password Management (con't)

Mas 90

- This is our accounting system and front desk staff uses this system to key in any cosmetic products/services that are bought by our patients, to help with inventory purposes.
 - The system does not automatically require password change.

Email

- Employees are given email access through the company, and certain groups share their email. Employees who have group email are trained to only share their password within their group and no other employee.
 - The system does not automatically require password change.

Desktop

- Each employee has a specific desktop sign on, and each group has their own group sign on. Employees are to not share their desktop passwords with any other employee if they are sharing desktop usernames in a group.
 - The system does not automatically require password change.

Random audits are performed on each employee's computer(s) and employees are trained on changing their password with the systems that do not automatically require a password change. Any employee in violation of sharing their password is subject to disciplinary action that may include termination. Violations consist of breach of workstation, sanction, and/or security policies. Depending on the severity of the violation, some can include criminal persecution. Audits will also be done on any system an employee uses.

Policy and Procedure: Network Security

Carolinas Dermatology Group has two wireless networks. The network that all employees, physicians and anything related to Carolinas Dermatology is thru a password secure network. The password is known by our IT Company (Ironlogix) and the administration staff.

Carolinas Dermatology Group has another secure wireless network that is accessible to patients and/or guest of Carolinas Dermatology Group. We have posted signs that let guests know which network to choose (carodermguest) and what the password is (caroderm). This wireless network does not affect anything that is business related to Carolinas Dermatology Group.

Employees of Carolinas Dermatology Group are not given the password to our secure business related network. Each workstation is set up by an employee of Ironlogix; any network related issues are handled thru proper channels.

Policy and Procedure of Security & Privacy Audits

The HIPAA officer is to perform random audits on employees (every 4 months). The audits consist of what the employee is doing on the practice management system, electronic health record system and their workstations.

- Employee names will be drawn from a hat by the practice administrator
- The HIPAA officer will survey what the employee has looked at and done in the practice management system within the last several weeks.
- The HIPAA officer will survey what the employee has looked at and done on their workstation within the last several weeks.
- The HIPAA officer will survey what the employee has looked at and done on their electronic health record system within the last several weeks.

Employees have been given policies that describe in detail what is allowed and not allowed on their workstations. Each employee has signed stating they understand the rules regarding workstations. Each employee has been through extensive training on our practice management systems and their workstations. Any matter that is found unacceptable for workstation and/or practice management systems use will result in a write-up and possible termination (depending on the severity of the results).

CAROLINAS DERMATOLOGY GROUP, P.A.
1706 ST. JULIAN PLACE
COLUMBIA, SOUTH CAROLINA 29204

NOTICE OF HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At Carolinas Dermatology Group, P.A., we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective immediately and applies to all protected health information as defined by regulations.

UNDERSTANDING YOUR HEALTH RECORD/ INFORMATION

Each time you visit Carolinas Dermatology Group, P.A., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

- This information, often referred to as your health or medical record, serves as a:
- Basis for planning your care and treatment
- Means of communication among the many health professions who contribute to your care
- Legal document describing the care you received
- A tool in education health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Carolinas Dermatology Group, P.A., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information

- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Carolinas Dermatology Group, P.A. is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedure included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the practice's security and privacy officer, Angela Grant at 803-771-7506 ext. 203

If you believe your security and privacy rights have been violated, you can file a complaint with Angela Grant (security and privacy officer) or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the security and privacy officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT & HEALTH OPERATIONS

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from the practice.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also tell your health plan and / or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician or the like.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they may perform the job we've asked them to do and bill you or your third-party payer for those services rendered. To protect your health information, however, we require the business associate to safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Appointment and Patient Recall Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the practice or that you are due to receive periodic care from the practice. This contact may be by phone, in writing, or in e-mail. This may involve the leaving of a message on an answering machine or voicemail which could potentially be heard by others.

Communication with family: Health professionals, using their best judgment, may disclose information to a family member, or other relative, close personal friend, or any other person you identify health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may contact you as a part of a fundraising effort.

Food and drug administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities for public health activities. These generally include the following:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Law Enforcement: We may disclose health information for law enforcement purposes are required by law or in response to a valid subpoena.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institute.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

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 CAREFULLY.

www.carolinasdermatology.com

At Carolinas Dermatology Group, P.A., we are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. **If you wish to have a copy of this notice, please notify the front desk.**

Uses and Disclosures of Protected Health Information

- Health professionals who contribute to your care
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Billing companies
- Collection agencies

We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. (Treatment, Payment and Operation)

Uses and Disclosures that require written authorizations

- Marketing
- Disclosure for any sales purposes
- Psychotherapy notes
- Physicians not related to TPO

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

We may use and disclose your PHI in other situations without your permission: **We DO NOT participate in without your consent*

- | | | |
|---|--|--------------------------|
| -If required by law | -Coroners, funeral directors | -Business Associates* |
| -Public health activities* | -Special government purposes | -Medical research* |
| -Health oversight agencies* | -Correctional institutions | -Treatment alternatives* |
| -Police or other law enforcement purposes | -Workers' Compensation* | -Legal proceedings |
| -Health Information Exchange* | -Fundraising Activities* | -Appointment reminders |
| -Legal Guardians/Representatives | -Family members present with you at the time of service* | |

Your Privacy Rights

- Request an amendment of your health information
- Request for us to communicate in different way or location
- To receive notification of any breach of your PHI
- Obtain a list of people/organizations who have received your PHI from us.
- To see and obtain a copy of your PHI.
- Request a restriction of your PHI.

All requests to exercise your rights must be made in writing, please contact our Security and Privacy officer for details on how to complete that request, (803) 771-7506.

For More Information or to Report a Problem

If you think we have violated your rights, or you need more information about our privacy practices you can contact our Security and Privacy officer at (803) 771-7506 or you can contact the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below:

Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Ave, S.W. Room 509F, HHH Building Washington, D.C. 20201

Acknowledgement of Carolinas Dermatology Group, P.A. Notice of Privacy Practices

Patient/Responsible Party Signature

Date

Orientation Session Checklist

Information & Forms To be distributed	Office Manager Initials	Date Distributed	Notes
Time Clock Hand Scan			
Insurance and Information Forms			
New Hire Benefits Form			
W-4 Form			
I-9 Form			
HIPAA Privacy/Security Policies			
General Office Policies			
OSHA Policies			
Criminal Background Check			
Financial Background Check			
Employee Handbook			
Dress Code Policy			
Vaccinations			
SC New Hire Reporting			
Name Tag			
Computer Passwords/Log-ins			
Key Control Log			

**Obtain a copy of the employee's Driver's License, Social Security card and a voided check.*

**Insurance will be effective after 90 days of employment.*

Policy and Procedure Initial 90 Day Employment Period

All newly hired personnel are considered to be working in a probationary period. The employee will receive training with numerous opportunities for feedback on his/her performance. The purpose of this period is to allow both the employee and the employer the opportunity to evaluate their expectations of each other and the position.

- During the initial 90 day employment period, performance of the employee shall be monitored. If the employee's work performance is not satisfactory, the employee's initial probationary period may be extended, the employee may be reassigned, or the employee may be dismissed without further notice.
- Employees will be instructed as to what is expected of them during this period. The office manager or designee will be responsible for the provision of assistance to new employees during this period.
- Employment is considered "at will" and is for no definite term during and after the initial employment period.
- Attendance will be closely monitored during the probationary period and payment for any absence will be at the discretion of management.
- Employees who are hired through an outside employment agency are subject to an additional 90 day probationary period, and will be at the discretion of management.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is ground for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Print Name

Date

Signature

Witness

Probationary Period Employee Evaluation

Date: _____

Employee Name: _____

Self -Assessment	Excellent	Above Average	Average	Needs Development	Unsatisfactory
Attendance					
Punctuality					
Job Knowledge					
Courtesy towards outside contacts					
Working Relationship with others					
Interest in work					
Keeping management informed					
Initiative					
Assisting in other workstations					
Follow up					
Following Directions					
Organizational Skills					
Adaptability to new situations					
Appearance and grooming					
Quality of work					
Quantity of work					
Overall Productivity					
Total					

Comments on above performance ratings: _____

Recommended Development Plan: _____

In comparison with other employees performing similar job functions and with the same length of service, how would you rate this employee?

☐ Outstanding ☐ Above Average ☐ Average ☐ Fair ☐ Unsatisfactory

Do you recommend that this employee be retained as a regular employee? ☐ Yes ☐ No

If no, please specify the reasons why he or she should not be retained. Provide as much detail as possible.

Approved By: _____ Date: _____

Prepared & Interviewed By: _____ Date: _____

Employee Signature: _____ Date: _____

General Office Policies and Procedures

Performance Evaluation

The performance of employees may be evaluated at periodic intervals. The evaluation may include feedback to assist the employee in improving job skills and overall performance. These performance evaluations will be conducted as management deems necessary but no less than once a year.

Pay Periods

Pay periods for the office are every two weeks on Friday.

- If a day falls on a holiday, checks will be distributed on the last working day prior to the holiday.
- Employees pay rates and salaries are strictly confidential and should not be discussed with co-workers. Any discussion of salary among employees is grounds for immediate dismissal.
- Regular full time employees are eligible for the following holidays:
 - New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day and the Friday after
 - Christmas Eve and Christmas Day

PTO (Paid time off)

- Full time employees are eligible for PTO after 90 days of employment. The following information is how PTO is accrued.

Start Date thru 12 months	2 weeks annually accrued over 26 pay periods
13 months thru 48 months	3 weeks annually accrued over 26 pay periods
49 months	4 weeks annually accrued over 26 pay periods.

For the purposes of the PTO accrual, a week of time is defined as the hours in the employees normal work week. Where an employee has less than 60 paid hours in a normal two week work period, PTO hours will not accrue for the pay period. The carryover of PTO hours at a year end is limited to eight (8) weeks. Leave balances are reported on the bi-weekly pay/direct deposit stubs. You should verify your balances each pay period and report any discrepancies. Request for vacation time should be submitted to the practice administrator and is subject to their approval. Should two or more employees request the same time off approval may be granted on the basis of seniority.

_____Initial

Inclement Weather

- In case the office is closed due to inclement weather, employees will be notified by the practice administrator or their immediate supervisor. Employees are allowed to use any of their own PTO to make up for the hours missed due to inclement weather. If an employee does not meet their required amount of hours for a two week period, they are subject to pay for their benefits.

Bereavement

- In case of death in the immediate family, a full time employee may be granted two days of paid leave. The employee must notify the practice administrator of the need for this leave. Immediate family is defined as parents, spouse, children, and mother/father in-law. Additional leave may be granted on a non-paid or paid vacation basis.

Drugs and Samples

- Samples of drugs, lotions, etc., are available to employees for personal use on a limited basis. These may be provided at the discretion of the doctors, nurses or practice administrator. Under no circumstances should any employee take or use medications or drugs purchased for patient use without consent of the doctors. Failure to comply with this rule may result in disciplinary action up to and including termination. Theft may also result in prosecution under appropriate laws.

Procedures and Doctor/PA visits

- If you are having any type of procedure done you need to make sure you are not on the clock. This includes any office visits, medical procedures or cosmetic procedures.

Termination

- All employment relationships are at-will. You have the right to quit your employment at any time for any reason and the company may terminate your employment at any time for any or no reason.
 - Voluntary Termination –Employees wishing to terminate their employment relationship with our company are asked to give a two week notice.
 - Involuntary Termination –Our Company may terminate an individual's employment due to the company's dissatisfaction with performance, breach of company policy or changing business needs.

General Employee Conduct

The office/practice is committed to providing quality healthcare to its patients. All employees are expected to behave in a manner that is in the best interest of our patients, fellow employees and the practice. Expected employee conduct includes, but not limited to:

- Reporting to work regularly and punctually at the assigned work day and time.
- Notifying the office manager when an absence or tardiness is expected (by telephone only)
- Complying with all office policies and procedures.

_____ Initial

- Wearing appropriate clothing as described in the office dress code.
- Maintaining work place and individual work areas in a clean and orderly fashion.
- Treating all patients and visitors in the office in a friendly and professional manner.
- The office telephone is to be used for business purposes only. Personal phone calls should be placed during lunch breaks if possible. On occasions when it is necessary to make or receive a personal call during working hours, the call must be kept as brief as possible.
- Lunches, snacks, etc., may be kept in the kitchen refrigerator and heated in the microwave. Please avoid heating cabbage, onions, garlic or any foods that may have an offensive odor. Any abandoned food left in the refrigerator will be discarded on Fridays.

Dress Codes

- Employees are expected to be clean and well groomed while in the office. Adherence to the following is essential:
 - Uniforms/scrubs will be worn by all clinical employees and shall be kept clean and ironed. In cooler weather, jackets should be either white or coordinated with the scrubs.
 - Tattoos need to remain covered during work hours.
 - Hats are not to be worn indoors.
 - Leggings are only permitted when worn under a dress that is no shorter than three inches above the knee.
 - Neat well-groomed hair and personal hygiene is expected.
 - Carolinas Dermatology t-shirts may be worn with scrubs on Fridays only.

Attendance

- Each employee is expected to report to work as scheduled and to keep absences and tardiness to a minimum.
- Employees are expected to give appropriate notice (by telephone only) to the office manager when an absence from work is anticipated.
- Front office employees should not leave their position without having someone to cover the position while they are away from their desk/area.

____ Initial

Acknowledgement

I, _____, agree to adhere by the policies and procedures of Carolinas Dermatology Group, P.A. I understand that there may be a need to change the policies and procedures at any given time without notice. Any discretion or concerns with the policy and procedure manual I may have, I understand that I may discuss this with management.

I understand that employment with Carolinas Dermatology Group, P.A. is on an at will basis. This means that either I or Carolinas Dermatology Group, P.A. may terminate the employment relationship at any time.

I have read and agree to the terms in the policy and procedure manual. Carolinas Dermatology Group, P.A. will not tolerate violations of the policies and procedures. Violation of any policy or procedure is grounds for disciplinary action, up to and including termination of employment.

Print Name

Date

Signature

Witness

Initial

Incident Report and Action Taken

Employee Name

Last 4 of SSN

Date of Violation

Action Taken: ☐ Warned ☐ Suspended ☐ Discharged

Violation that necessitates this action

- ☐ Refusal to carry out responsible job request or job assignment
- ☐ Failure to carry out responsible job request although capable of completing task
- ☐ Unauthorized possession or removal of office's property
- ☐ Falsification of office records
- ☐ Possession or being under the influence of intoxicants/drugs
- ☐ Failure to follow safety procedures
- ☐ Insubordination
- ☐ Unauthorized of leaving work area
- ☐ Possession of a potentially dangerous weapon
- ☐ Chronic tardiness or absenteeism
- ☐ Fighting while on office property
- ☐ Willful or careless destruction of office's property
- ☐ Use of obscene or abusive language
- ☐ Inappropriate office attire or lack of proper hygiene
- ☐ Abuse of confidentiality of patient records/medical information
- ☐ Other _____

Details of above: _____

Immediate satisfactory improvement must be shown or further disciplinary action will be taken.
These actions may include possible suspension from duty or discharge.

Acknowledgements

I have read this form and have been provided a copy of it.

Signature of Employee

Date

Signature of Office Manager

Date

Access Authorization Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Access Authorization Policy to comply with our duties under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. This policy governs which personnel are authorized accesses to individually identifiable health information and to the system components that contain such data. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with this policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Access Authorization Policy is based on the following assumptions:

- Data, media, and computer assets are the physical property of Carolinas Dermatology Group, P.A. wherever located, although patients and others may have rights of access to the data.
- Individually identifiable health information is sensitive and confidential. Such information is protected from improper use and disclosure by HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements.
- Loss or breach of confidentiality of such data may cause severe harm to the subject of the information, to Carolinas Dermatology Group, P.A., and its officers, agents, and employees.
- Most breaches of confidentiality result from poor personnel security. Hence, Carolinas Dermatology Group, P.A., must ensure that access is limited so as to minimize this risk.
- HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements specify that only those individuals with a need to access and use individually identifiable health information should have access to such information.
- Limiting access to those with a need to know and giving them no more access than necessary for performance of their duties will help Carolinas Dermatology Group, P.A. comply with the privacy regulation's "minimum necessary" rule.
- Those people authorized access should have no more access than needed for the performance of their responsibilities.

- An emergency override may be necessary for some data users, such as physicians and nurses, to respond to emergencies.
- HIPAA, its implementing regulations, and good practice require screening of all personnel with access.

Policy

- Access authorization is the process of determine whether a prospective data user should be granted access to Carolinas Dermatology Group, P.A.'s data. A data user is a person who has been granted explicit authorization to access Carolinas Dermatology Group, P.A.'s. Access must be granted in accordance with this Access Authorization Policy and other related policies.
- Data users must comply with the following requirements:
 - Use the data only for purposes authorized by Carolinas Dermatology Group, P.A.
 - Comply with all policies and procedures governing health information promulgated by Carolinas Dermatology Group, P.A.
 - Not disclose data unless authorized to do so.
- The Office Manager or delegated official will determine which personnel get access to health information in accordance with this Access Authorization Policy. In making such determinations, the Office Manager, or delegated official will follow these guidelines:
 - Prospective data users will not get access unless they have a need for access
 - Prospective data users will get only minimum access necessary to perform duties requiring such access.
 - Healthcare providers, such as physicians and nurses, will have access only to data of patients that they have patient responsibility for, with an emergency override to access other patients' data to respond to emergencies/
 - Access will be limited to necessary tasks, such as read only, read and copy, or read and edit by adding a new entry.
 - Electronic signatures must comply with {name of covered entity}'s electronic signature policy
- The Office Manager or delegated official will ensure all prospective data users receive required training as specified in Carolinas Dermatology Group, P.A.'s Personnel Security and Training Policies and annotate such training on the submission. If access is needed before training can be completed, the Office Manager or delegated official will annotate such, the reason why, and the date such training will be completed. All required training must be completed within 30 days of the receipt in accordance with this Access Authorization Policy and Carolinas Dermatology Group, P.A.'s Access Establishment Policy.
- Access modifications must be accomplished in accordance with Carolinas Dermatology Group, P.A.'s Access Modification Policy.

- Termination of access must be accomplished in accordance with Carolinas Dermatology Group, P.A.'s Termination Procedure.

Enforcement

- All officers, agents, and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of User

Date

Title of User

Date

Witness

Printed Name of Witness

Access Establishment Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Access Establishment Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Access Establishment Policy is based on the following assumptions:

- Data, media, and computer assets are the physical property of Carolinas Dermatology Group, P.A. wherever located, although patients and others may have rights of access to the data.
- Individually identifiable health information is sensitive and confidential. Such information is protected from improper use and disclosure by HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements.
- Loss or breach of confidentiality of such data may cause severe harm to the subject of the information to Carolinas Dermatology Group, P.A. and to its officers, agents, and employees.
- Most breaches of confidentiality result from poor personnel security. Hence, Carolinas Dermatology Group, P.A. must ensure that access is limited so as to minimize this risk.
- HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements specify that only those individuals with a need to access and use individually identifiable health information should have access to such information.
- Limiting access to those with a need to know and giving them no more access than necessary for performance of their duties will help Carolinas Dermatology Group, P.A. comply with the privacy regulation's "minimum necessary" rule.
- Those people authorized access should have no more access than needed for performance of their responsibilities.
- An emergency override may be necessary for some data users such as, physicians and nurses, to respond to emergencies.

- HIPAA, its implementing regulations, and good practice require screening of all personnel with access.
- Care taken in the process of designating appropriate access is a major determinant of the level of security and control of Carolinas Dermatology Group, P.A.'s system.

Policy

- Access establishment is the process of granting access to an authorized data user, one who has been authorized access under Carolinas Dermatology Group, P.A.'s Access Authorization Policy.
- Upon receipt of a request to provide access to a named individual, the Office Manager or delegated official will determine whether any reason exists to deny the request.
- Grounds for denial include, but are not limited to, the following:
 - Noncompliance with requirements of the Access Authorization Policy.
 - Security risk unknown to the requester.
 - Refusal of prospective data user to sign required documents.
 - Inability of prospective data user to properly use applications and system assets after training.
- The Office Manager or delegated official will work with the requester to resolve cases which the former initially denies access.
- Upon granting access, the Office Manager or delegated official will take the following steps:
 - Assign the data user unique user identification.
 - Assign the data user an initial password. The director of information systems shall establish a protocol for passwords ensuring, at a minimum, that the password is randomly generated and contains at least eight characters.
 - Maintain a list of unique user identifications and related passwords in a location other than on a Carolinas Dermatology Group, P.A. system or computer asset.
 - Require data users to sign a statement regarding use of passwords that prohibits them from:
 - Writing down the password
 - Disclosing the password to another person or entity other than to the Office Manager or Compliance Manager and/or his or her designee.
 - Recording the password in Carolinas Dermatology Group, P.A.'s system or any other system.
 - Transmitting the password online, particularly by email.
 - Any other practice that the Office Manager or Compliance Manager believes would out the availability, accuracy, or confidentiality of Carolinas Dermatology Group, P.A.'s data, media, or equipment at risk.

- Make sure that such statement advises data users that failure to observe the rules governing passwords may result in disciplinary action up to and including termination in accordance with Carolinas Dermatology Group, P.A.'s sanction policy.
- Maintain such statements for not less than six years from the date signed by the data user.
- Conduct periodic refresher training for data users in proper use and control of passwords.
- Provide emergency override access for necessary personnel as determined by the Office Manager or Compliance Manager.
- Suspend access when appropriate to respond to a breach of confidentiality/security in coordination with Carolinas Dermatology Group, P.A.'s Report and Response Procedures.
- Modify access when notified to do so in accordance with Carolinas Dermatology Group, P.A.'s Access Modification Policy.
- Terminate access when notified to do so in accordance with Carolinas Dermatology Group, P.A.'s Termination Procedure.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name

Witness

Printed Name of Witness

Access Modification Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Access Establishment Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Access Establishment Policy is based on the following assumptions:

- Data, media, and computer assets are the physical property of Carolinas Dermatology Group, P.A. wherever located, although patients and others may have rights of access to the data.
- Individually identifiable health information is sensitive and confidential. Such information is protected from improper use and disclosure by HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements.
- Loss or breach of confidentiality of such data may cause severe harm to the subject of the information to Carolinas Dermatology Group, P.A. and to its officers, agents, and employees.
- Most breaches of confidentiality result from poor personnel security. Hence, Carolinas Dermatology Group, P.A. must ensure that access is limited so as to minimize this risk.
- HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements specify that only those individuals with a need to access and use individually identifiable health information should have access to such information.
- Limiting access to those with a need to know and giving them no more access than necessary for performance of their duties will help Carolinas Dermatology Group, P.A. comply with the privacy regulation's "minimum necessary" rule.
- Those people authorized access should have no more access than needed for performance of their responsibilities.
- An emergency override may be necessary for some data users such as, physicians and nurses, to respond to emergencies.

- HIPAA, its implementing regulations, and good practice require screening of all personnel with access.
- Care taken in the process of designating appropriate access is a major determinant of the level of security and control of Carolinas Dermatology Group, P.A.'s system.
- From time to time, Carolinas Dermatology Group, P.A. may have to change a person's or persons' access.

Policy

- Access modification is the process of changing the access to Carolinas Dermatology Group, P.A.'s data and systems by an authorized data user, one who has been authorized access under Carolinas Dermatology Group, P.A.'s Access Authorization Policy and has had access established under Carolinas Dermatology Group, P.A.'s Access Establishment Policy.
- Bearing in mind that, under Carolinas Dermatology Group, P.A.'s policies, no person should have access who does not need access, and no person should have more access than necessary, Carolinas Dermatology Group, P.A. may determine that an individual change in duties or a change in status, such as full-time to part-time, employee to outside contractor, completion of a project, and like. When a supervisor makes such a determination, he or she should request that the Office Manager or Compliance Manager change the current level of access to another level of access.
- Upon receipt of a request to change a named individual's or individuals' access, the Office Manager or Compliance Manager will determine whether any reason exists to deny the request.

Grounds for denial include, but are not limited to, the following:

- Noncompliance with requirements of the Access Authorization Policy.
- Security risk unknown to the requester.
- Refusal of prospective data user to sign required documents.
- Inability of prospective data user to properly use applications and system assets after training.*
- The Office Manager or Compliance Manager will work with the requester to resolve cases in which the former initially denies access.
- Upon granting the changed level of access, the Office Manager or Compliance Manager will take the following steps:
 - Take necessary measures to change the level of access.
 - Assign a new unique identifier, if necessary.
 - Assign the data user a new initial password, if necessary.
 - Make necessary changes to the list of unique user identifications and related passwords.
 - Require data users to sign a new statement regarding use of new passwords.

- Train personnel with changed access, as necessary, in aspects of system use appropriate to their changed access.
- Maintain records of the changed access, new security statements, and completed training for not less than six years.

-
- Although these reasons would not appear to be barriers to giving an individual less access, if they exist in such a case, the Office Manager or Compliance Manager must consider whether access should be terminated under Carolinas Dermatology Group, P.A.'s Termination Procedure,

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of User

Date

Title of User

Printed Name of User

Witness

Printed Name of Witness

_____ (Name of business associate), _____
 _____ (mailing address) duly registered as a foreign corporation
 authorized to do business therein (hereinafter “Business Associate”), and **Carolinas Dermatology
 Group, P.A., 1706 St. Julian Place Columbia, SC 29204**, (hereinafter “Customer”), expressly agree as
 follows:

Whereas, Customer, in order to meet its obligations to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the privacy and security regulations promulgated under Title II, Subtitle F, §§ 261-264 of HIPAA, the administrative regulations issued by the Department of Health and Human Services (“DHHS”) as found in 45 C.F.R. Parts 160 through 164 (hereinafter HIPAA or DHHS regulations), and the HITECH Act, as such laws and regulations may be amended from time to time, seeks reasonable assurances from Business Associate that Business Associate will comply with the portions of those laws and regulations made applicable to business associates by the HITECH Act.

NOW, THEREFORE, the parties agree as follows:

A. **Breach** shall have the meaning specified in § 17921 of the HITECH Act.

B. **Business Associate** shall have the meaning specified in the Privacy Rule, the Security Rule, and § 27938 of the HITECH Act, particularly 45 C.F.R. § 160.103.

C. **Covered Entity** shall have the meaning specified in 45 C.F.R. § 160.103.

D. **Designated Record Set** shall have the meaning specified in 45 C.F.R. § 160.103.

E. **Electronic Health Record** shall have the meaning specified in § 17921 of the HITECH Act.

- F. **Privacy Rule** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, subparts A and E.
- G. **Protected Health Information ("PHI")** shall have the meaning specified in 45 C.F.R. § 164.501.
- H. **Required by law** shall have the meaning specified in 45 C.F.R. § 164.501.
- I. **Secretary** shall mean the Secretary of the Department of Health and Human Services and those employees or agents designated to act on the Secretary's behalf.
- J. **Security or Security Measures** means the administrative, physical, and technical safeguards and documentation requirements specified in the Security Rule.
- K. **Security Rule** shall mean the Standards for Security of Electronic Protected Health Information at 45 C.F.R. Parts 160 and 164, subparts A and E.
- L. **Unsecured PHI** shall have the meaning specified in § 17932 of the HITECH Act and any regulations issued thereunder by the Department of Health and Human Services ("DHHS").

2. Obligations of the Business Associate.

- A. If and to the extent that and so long as required by the HIPAA provisions of 42 U.S.C. §§ 1171 *et seq.* and regulations promulgated thereunder, and any additional security requirements contained in Subtitle D of Title IV of the HITECH Act that apply to Customer but not otherwise, Business Associate does hereby assure Customer that Business Associate will implement appropriate safeguards, including, but not limited to, the administrative, physical, and technical safeguards and documentation requirements of the Security Rule to protect the confidentiality, integrity, and availability of any electronic PHI that it may receive, maintain, or transmit on behalf of the Customer and will appropriately safeguard all PHI regardless of form or format.
- B. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- C. Business Associate agrees to report to Customer any use or disclosure of the PHI not provided for by this Agreement or any security incident of which it becomes aware involving PHI of the Customer.
- D. Business Associates shall maintain required annual HIPAA compliance and training. Business Associates will provide required documentation of annual updated HIPAA training. Any subcontractors that work directly with the Business Associate must provide all annual HIPAA compliance and training, and provide required documentation for each individual/subcontractor(s).

- E. Business Associate shall ensure that any subcontractors or agents to whom Business Associate provides PHI received from Customer agree to the same restrictions and conditions that apply to Business Associates with respect to such information.
- F. Business Associate shall make available PHI in accordance with applicable law.
- G. Business Associate shall provide to individuals who are subject of PHI received from Customer their rights as made applicable to business associates of covered entities.
- H. Business Associate shall maintain standard records pursuant to this agreement and to provide such records and other necessary information to the Customer or to the Secretary as may be requested or required in writing and as permitted by law. Business Associate agrees that all records kept in connection with this Agreement are subject to review and audit by the Customer upon reasonable notice and written request by the Customer.
- I. Business Associate agrees to document such uses and disclosures of PHI and information related to such disclosures as would be required for a covered entity to respond to a request for an individual for an accounting of uses and disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- J. Upon termination of this Agreement by either party for any reason, Business Associate shall return or destroy all PHI received from Customer that Business Associate still maintains in any form and all copies thereof, shall retain no copies of such information, and shall remain obligated not to use, disclose, or provide such information to third parties unless and until otherwise required to do so by law.
- K. Business Associate shall incorporate any amendments or corrections to PHI when notified pursuant to applicable law.
- L. If, in providing services to individuals who are the subject of the PHI that Business Associate receives from the Customer or that is created by Business Associate, Business Associate regularly (but not rarely or sporadically) extends, renews, or continues credit to those individuals or regularly allows those individuals to defer payment for services, including setting up payment plans in connection with one or more covered accounts (as defined in 16 C.F.R. § 681.2[(b),(3)]), Business Associate shall comply with the Federal Trade Commission's Red Flag Rules by developing and implementing a written identify theft prevention program designed to identify, detect, mitigate, and respond to suspicious activities ("Red Flags") that could indicate that identify theft has occurred in the Business Associate's operations.

3. Permitted Uses and Disclosures.

- A. In the event that Business Associate obtains or creates PHI, Business Associate may use or disclosure such PHI only if such use or disclosure is in compliance with each applicable requirement of 45 C.F.R. §164.504(e) as follows:

- a. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Customer, provided that such use or disclosure would not violate the Privacy and Security Rules if done by Customer.
 - b. Except as otherwise restricted by this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. If Business Associate uses such information for the purposes set forth above, it will do so only if the disclosure is required by law or if Business Associate obtains reasonable assurances from the person(s) to whom the information is disclosed that the information disclosed will be held confidential and will be used or further disclosed only as required by law or for the purpose for which Business Associate disclosed it to the person(s). Business Associate shall also ensure that the person(s) to whom Business Associate so discloses information notifies Customer of any instances of breach of confidentiality that such person is aware of.
- B. Upon termination of this Agreement for any reason, Business Associate shall return or destroy all PHI received from Customer or created or received by Business Associate on behalf of Customer, including PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate may retain no copies of the PHI. In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide Customer notification that return or destruction of the PHI is not feasible. Upon mutual agreement of the parties that return or destruction is not feasible, Business Associate shall extend the protections of this Agreement and limit further uses and disclosures of such PHI to those purposes that make the return or destruction not feasible for so long as the Business Associate maintains the PHI.

4. Application of Civil and Criminal Penalties.

- A. If Business Associates violates any security provision specified above or §§ 1176 and 1177 of the Social Security Act, 42 U.S.C. §§ 1320d-5 and 1320d-6 shall apply to Business Associate with respect to such violation in the same manner that such sections apply to Customer if it violates such security provisions.
- B. Business Associate shall be subject to audit of its security measures by the Office of the Inspector General ("OIG") of DHHS.

5. Information Breach Notification Requirements.

- A. Business Associate recognizes that Customer has certain reporting and disclosure obligations to the Secretary and others, including the individual, in case of a security breach of unsecured PHI. In cases in which Business Associates accesses, maintains, retains, modifies, records, stores,

destroys, uses, or discloses PHI, Business Associate without unreasonable delay and in no case later than 60 days following discovery of a breach of such information shall notify Customer of any such breach. Such notice shall include the identification of any individual whose unsecured PHI has been or is reasonably believed to have been accessed, acquired, or disclosed during the breach.

- B. Business Associate shall be liable for the costs associated with such breach if caused by Business Associate's negligent or willful acts or omissions or the negligent or willful acts or omissions of Business Associate's agents, officers, employees, or subcontractors.

6. Miscellaneous.

- A. Business Associate shall maintain comprehensive general liability insurance throughout the term of this Agreement in minimum limits of _____ Dollars per occurrence or per claim and _____ Dollars in the aggregate.
- B. In the event that Business Associate secures claims insurance coverage, it agrees to purchase an unlimited reporting endorsement upon the cancellation or termination of said coverage.
- C. Business Associate agrees to provide Customer a certificate of insurance evidencing such coverage before the effective date of this Agreement and any renewals thereof.
- D. If Business Associate proposes to voluntarily cancel or not renew any existing coverage, change the carrier thereof, change the terms thereof, or reduce the limits of such coverage, Business Associate shall give written notice thereof to Customer, specifying the nature and proposed date of such proposed cancellation, nonrenewal, change, or reduction is not acceptable to Customer, within 30 days after receipt of notice thereof from Business Associate, Customer may notify Business Associate of the termination of this Agreement effective upon the date of such proposed cancellation, nonrenewal, change, or reduction.
- E. Business Associate agrees to indemnify and hold harmless Customer, its Board of Directors, officers, agents, employees, and personnel (hereinafter "Indemnified Party") from and against any and all claims, demands, suits, losses, causes of action, or liability that the Indemnified Party may sustain as a result of the Business Associate's breach of its duties or the indemnifying party's errors or Customer for any act or conduct of the Business Associate adjudged to constitute fraud, misrepresentation, or violation of any law, including violation of any statute or regulation applicable to the conduct of the Business Associate provided pursuant to this Agreement. This indemnification shall include reasonable expenses, including attorney's fees incurred by defending such claims and damages incurred by reason of the indemnifying party's failure to comply with applicable laws, ordinances, and regulations or for damages caused by the indemnifying party.
- F. Documents; Standards. Each party may electronically transmit to or receive from the other party any of the transaction sets listed in Appendix A and transaction sets that the parties by written

agreement add to Appendix A (collectively "Documents"). All documents shall be transmitted in accordance with the standards set forth in Appendix A.

- G. Third-party Service Providers. The parties will transmit Documents electronically to each party, as specified in Appendix A, either directly or through any third-party service provider with which either party may contract. Either party may modify its election to use, not use, or change a third-party service provider upon 30 days' prior written notice to the other party.
- H. Costs of Third-party Service Providers. Each party shall be responsible for the costs of any third-party service provider with which it contracts unless otherwise set forth in Appendix A.
- I. Liability for Acts of Third-party Service Providers. Each party shall be liable for the acts or omissions of its third-party service provider while transmitting, receiving, storing, or handling Documents or performing related activities for, with, to, or from such party, provided that, if both parties use the same third-party service provider to effect the transmission and receipt of a Document, the originating party shall be liable for the acts or omissions of such third-party service provider as to such Document.
- J. System Operations. Each party, at its own expense, shall provide and maintain the equipment, software, services, and testing necessary to effectively, reliably, and confidentially transmit and receive Documents.
- K. Signatures. Each party shall adopt as its signature ("Signature") an electronic identification consisting of symbol(s) or code(s) that are to be affixed to or contained in each Document transmitted by such party. Each party agrees that any Signature of such party affixed to or contained in any transmitted Document shall be sufficient to verify that such party originated such Document. Neither party shall disclose to any unauthorized person the Signature of the other party.
- L. Proper Receipt. Documents shall not be deemed to have been properly received, and no Document shall give rise to any obligation, until accessible to the receiving party at such party's Receipt Counter designated in Appendix A.
- M. Verification. Upon proper receipt of any Document, the receiving party shall promptly and properly transmit a functional acknowledgment in return, unless otherwise specified in Appendix A. A functional acknowledgement shall constitute conclusive evidence that the receiving party has properly received a Document.
- N. Integrity. The parties will take reasonable measures to protect the integrity of all documents and data. Neither party will insert any virus, key locks, or other programs into the system, regardless of whether or not a dispute exists between the parties. The receiving party will return the information in usable form upon request or at the end of the contract.

- O. Business Associate agrees that Customer may amend this Agreement from time to time to the extent required by the provisions of 42 U.S.C. §§ 1171 *et seq.*, HIPAA, the HITECH Act, and regulations promulgated thereunder to ensure that this Agreement is consistent therewith.

6. Term of Contract.

- A. The term of the Agreement shall be effective as of the effective date set forth below and shall terminate when all PHI provided by Customer to Business Associate or created or received by Business Associate on behalf of Customer is destroyed or returned to Customer or, if it is not feasible to return or destroy such PHI, protections are extended to such PHI in accordance with the termination provisions above.
- B. Without limiting the rights and remedies of Customer elsewhere set forth in this Agreement or available under applicable law, Customer may terminate this Agreement without penalty or recourse to Customer if Customer determines that Business Associate has violated a material term of the provisions of this Agreement and has not cured the breach to the satisfaction of the Customer, in the Customer's sole discretion.

IT IS SO AGREED

This Combined Privacy and Security Business Associate Contract shall take effect the ____ day of _____, 201____, and has been adopted by:

Authorized Signature of Business Associate

Printed Name

Title

Date

Authorized Signature of Customer

Printed Name

Title

Date

Destruction Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Destruction Policy and Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Destruction Policy is based on the following assumptions:

- Confidential individually identifiable health information may reside in numerous locations and on different media –on magnetic media in hardware, on disks, and on paper.
- Carolinas Dermatology Group, P.A. must destroy such data in a method that preserves confidentiality.
- After electronic storage media have been erased, physical characteristics may exist that allow data to be reconstructed.
- Merely overwriting magnetic media will not destroy the overwritten data, although it may be unavailable to those without specialized equipment.
- Destroying data improperly may harm Carolinas Dermatology Group, P.A., its officers, employees, and agents, its patients and others on whom Carolinas Dermatology Group, P.A. maintains individually identifiable health information.

Policy

- Carolinas Dermatology Group, P.A., its officers, employees, and agents must destroy data that is no longer necessary to retain in the regular course of business pursuant to {named of covered entity}'s Retention Schedule. Carolinas Dermatology Group, P.A., its officers, employees, and agents must not destroy data that is involved in audit, investigation, or litigation.
- Carolinas Dermatology Group, P.A.'s employees and agents must destroy data as follows:

- Paper records must be shredded. The Office Manager or Compliance Manager is responsible for determining whether to shred in-house or to use a commercial destruction service. The Office Manager or Compliance Manager must approve the method of destruction.
- Magnetic media must be degaussed (reducing magnetic induction to zero by applying a reverse magnetizing field) or erased by overwriting and purging using an approved program. The Office Manager or Compliance Manager is responsible for choosing a method of destruction and for determining whether to destroy in-house or to use a commercial destruction service. The Office Manager or Compliance Manager must approve the method of destruction.
- Computers and/or hard drives must be degaussed upon disposal or otherwise disposed of in a manner approved by the Office Manager or Compliance Manager.
- The Office Manager or Compliance Manager will keep destruction records for not less than six years.
- The Office Manager or Compliance Manager is responsible for ensuring that selected destruction services have signed business associate contracts before providing destruction services.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of User

Date

Title of User

Printed Name of User

Witness

Printed Name of Witness

Emergency Access Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Emergency Policy and Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

These Emergency Access Procedures are based on the following assumptions:

- Data, media, and computer assets are the physical property of Carolinas Dermatology Group, P.A., located, although patients and others may have rights of access to the data.
- Individually identifiable health information is sensitive and confidential. Such information is protected from improper use and disclosure by HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements.
- HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements specify that only those individuals with a need to access and use individually identifiable health information should have access to such information.
- Limiting access to those with a need to know and giving them no more access than necessary for performance of their duties will help Carolinas Dermatology Group, P.A. comply with the privacy regulations "minimum necessary" rule.
- Those authorized access should have no more access than needed for the performance of their responsibilities.
- In an emergency, other individuals may need immediate access to data and equipment to carry out medical and business operations.
- An emergency override may be necessary for some data users, such as physicians and nurses, to respond to emergencies.

Policy

Carolinas Dermatology Group, P.A. may invoke these Emergency Access Procedures when an incident occurs that has disabled or will disable, partially or completely, the central computing facilities of Carolinas Dermatology Group, P.A., the health information system, and/or the communications network for a period of 20 minutes or longer *or* when an incident has substantially impaired the use of health information computers and networks. When such incidents occur, Carolinas Dermatology Group, P.A. will invoke this plan when the incident requires Carolinas Dermatology Group, P.A. personnel or other personnel, such as vendor maintenance technicians, to have access to the system or its data that has not previously been granted under Carolinas Dermatology group, P.A.'s Access Authorization and Access Establishment Policies. These Emergency Access Procedures supplement the Carolinas Dermatology Group, P.A.'s overall Disaster Plan and Emergency Operations Plan.

The Compliance Manager is responsible for the following tasks:

- Establish protocols in the Medical Staff Bylaws that specify the conditions under which physicians and other health care professionals may access patient charts for which they have no assigned patient responsibility in emergencies.
- Identify to the Compliance Manager, physicians and other health care professionals that need access or need different access during emergencies.
- Establish a procedure for granting immediate access to named individuals in an emergency in cases in which the following conditions occur:
 - There is no time to properly screen or train the individual as required by the Carolinas Dermatology Group, P.A. Access Authorization and Access Establishment Policies.
 - The individual needs different access from that granted under the Access Authorization and Access Establishment Policies, and following the Access Modification Policy is impracticable.
- Keep records of emergency access for not less than six years.
- Follow the procedures in the Access Authorization, Establishment, and Modification Policies when time permits to formalize the access.
- Terminate emergency access when it is no longer necessary.
- Audit emergency access.
- Establish an emergency override for medical personnel to access patient charts for which they have no assigned patient responsibility in an emergency.

The Compliance Manager is responsible for the following tasks:

- Identify Health Information Management personnel who may need different access during emergencies and report the same to the Office Manager.

- Train Health Information Management personnel concerning different access so that they can function properly during emergencies.
- Audit physician and other professional emergency override to detect and prevent abuse of the emergency override privilege.
- Identify department personnel who may need different access during emergencies and report the same to the Office Manager.
- Train department personnel concerning different access so that they can function properly during emergencies.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of Officer, Agent, Employee

Date

Title of Officer, Agent, Employee

Printed Name

Witness

Printed Name of Witness

Emergency Mode Operation Plan

Introduction

Carolinas Dermatology Group, P.A. has adopted this Emergency Mode Operation Plan to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commissions on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the personnel security policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Emergency Mode Operation Plan is based on the following assumptions:

- Data, media, and computer assets are the physical property of Carolinas Dermatology Group, P.A. wherever located, although patients and others may have rights of access to the data.
- Individually identifiable health information is sensitive and confidential. Such information is protected from improper use and disclosure by HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements.
- HIPAA, its implementing regulations, other state and federal laws, professional ethics, and accreditation requirements specify that only those individuals with a need to access and use individually identifiable health information should have access to such information.
- Limiting access to those with a need to know and giving them no more access than necessary for performance of their duties will help Carolinas Dermatology Group, P.A. comply with the privacy regulations "minimum necessary" rule.
- Those authorized access should have no more access than needed for the performance of their responsibilities.
- In an emergency, other individuals may need immediate access to data and equipment to carry out medical and business operations.
- An emergency override may be necessary for some data users, such as physicians and nurses, to respond to emergencies.

Policy

Carolinas Dermatology Group, P.A. may invoke this Emergency Mode Operations Plan when an incident occurs that has disabled or will disable, partially or completely, the central computing facilities of Carolinas Dermatology Group, P.A., the health information system, and/or the communications network for a period of 20 minutes or longer when an incident has substantially impaired the use of health information computers and networks. When such incidents occur, Carolinas Dermatology Group, P.A. will invoke this plan when the incident requires use of an alternate site or when the damage is such that operations can be restored but only in a degraded mode at the normal site in a reasonable time. This Emergency Mode Operations Plan supplements the Carolinas Dermatology Group, P.A.'s overall Disaster Plan and governs health information assets.

In the case of such an emergency, the individual detecting the emergency will immediately report the emergency to the Office Manager.

The Director of Information Systems will take the following steps:

- Determine the extent and seriousness of the disaster, and notify administration thereof.
- Invoke this Plan and the Disaster Recovery Plan upon approval of Carolinas Dermatology Group, P.A.'s administration.
- Determine whether additional equipment and supplies are needed.
- Notify vendors or service representatives if there is need for immediate delivery of components to bring the computer systems to an operational level even in a degraded mode.
- If necessary, check with other vendors to see whether they can provide faster delivery.
- Rush order any supplies and equipment necessary.
- Coordinate moving equipment and support personnel to the alternate site.
- Bring recovery materials from offsite storage to the alternate site.
- As soon as hardware is up to specifications to run the operating system, load software and run necessary tests.
- Determine priorities of software that must be available and load those packages in order.
- Prepare backup materials and return them to the offsite storage area.
- Set up operations at the alternate site.
- Coordinate activities to ensure that the most critical tasks, such as immediate patient care, are being supported as needed.
- Ensure that periodic backup procedures are followed.
- Plan to phase in all critical support.
- Keep administration, medical staff, information personnel, and others informed of status of the emergency mode operations.
- Implement relevant portions of the Carolinas Dermatology Group, P.A.'s Disaster Plan.

- Coordinate with administration and others for continuing support and ultimate restoration of normal operations
- Select and maintain an alternate site to perform Carolinas Dermatology Group, P.A.'s data processing functions if a disaster seriously disrupts such functions.
- Ensure compatibility between hardware and software of the primary and backup sites.
- Provide backup power and communications in the event of an emergency.
- Test the Emergency Mode Operation Plan and make revisions as necessary.

The Director of Health Information Management is responsible for the following tasks:

- Coordinate with the Director of Information Systems to ensure adequate medical record keeping during emergencies.
- Provide medical departments the necessary tools to record medical data on paper during outages.
- Ensure that documentation on paper is entered into the system after it has been restored to operations.
- Train health information personnel on emergency mode operations.
- With the Director of Information Systems, test and revise health information management department emergency mode operations procedures.

Department Directors are responsible for the following tasks:

- Provide the Director of Health Information priorities as to critical tasks within their departments involving health information.
- Train all department personnel on emergency mode operations.

Enforcement

- All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name

Witness

Printed Name of Witness

Fax Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Fax Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Fax Policy is based on the following assumptions:

- Often Carolinas Dermatology Group, P.A. personnel or organizations with which Carolinas Dermatology Group, P.A. does business will have a real or perceived need to transmit or receive confidential medical information by fax rather than by a slower method, such as mail.
- Personnel may misdirect faxes to unauthorized recipients, faxes may be intercepted or lost in transmission, or Carolinas Dermatology Group, P.A. may not receive a fax intended for it because of one of those or other reasons.
- Thus, the potential for breach of patient confidentiality exists every time such information is sent or received by fax.

Policy

All personnel must strictly observe the following standards relating to facsimile communications of patient medical records:

- Carolinas Dermatology Group, P.A., its officers, agents, and employees will send health information by fax only when the original record or mail-delivered copies will not meet the needs of immediate patient care.
- Health records or documents containing individually identifiable health information may be transmitted by fax only when urgently needed for patient care or required by a third-party payer for ongoing certification of payment for a hospitalized patient.
- Information transmitted must be limited to that necessary to meet the requester's needs.

- Except as authorized by law, a properly completed and signed authorization must be obtained before releasing patient information (see Carolinas Dermatology Group, P.A.'s release of information policy).
- Especially sensitive medical information, including, but not limited to, AIDS/HIV information, other sexually transmissible disease information, mental health and developmental disability information, and alcohol and drug abuse information may not be sent by fax without the express authorization of the responsible physician or office manager.
- The cover page accompanying the fax transmission must include the confidentiality notice.
- Reasonable efforts must be made to assure that the fax transmission is sent to the correct destination. Numbers that are used frequently must be preprogrammed into the machine to eliminate misdialing errors. For a new recipient, the sender must verify the fax number before sending the fax and verify the recipient's authority to receive confidential information.
- Fax machines must be located in secure areas, and the department director is responsible for **limiting access to them**.
- Each supervisor is responsible ensuring that incoming faxes are properly handled –not left sitting on or near the machine, but rather are distributed to the proper recipient expeditiously while protecting confidentiality during distribution, as by sealing the fax in an envelope.
- Any misdirected faxes must be reported to the security manager immediately.
- The security manager will periodically and/or randomly check all speed-dial numbers to ensure their currency, validity, accuracy, and authorization to receive confidential information.
- Users must immediately report violations of this policy to their immediate supervisor and to the security officer.

Enforcement

- All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name

Witness

Printed Name of Witness

Health Information Physical Security Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Health Information Physical Security Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commissions on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the personnel security policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Health Information Physical Security Policy is based on the following assumptions:

- As a health care provider, public access to our buildings is a necessity.
- The public does not, however, need absolute access to all areas within our buildings.
- Limiting physical access to health information and the system that such information resides in is often the first step to denying unauthorized access to such information.
- Limiting physical access to health information and the system such information resides in is often a cost-effective way to protect such information.
- Physical security measures must not be so onerous as to hamper the provision of health services.
- For some information devices, such as laptops and palm pilots, physical security is the only effective way of protecting the device and the information that resides in it.

Policy

- This policy supplements Carolinas Dermatology Group, P.A.'s overall physical security policy that is intended to prevent crimes, such as assault, theft and vandalism, and covers the physical security of health information.
- All personnel (employees, staff, contract workers, and so forth) who have access to health information must read, understand, and comply with this policy.
- Access to computer rooms will be limited to personnel who require access for the normal performance of their duties. The director of information systems is responsible for determining who has physical access to computer rooms.
- Computer rooms will be securely locked when unattended, and intrusion alarms may be activated. Security cameras will monitor the entrances to deter/detect unauthorized entry.

- Equipment housed in open areas must be attached to an immovable object by a security cable.
- Computer monitors should, when possible, be situated so that unauthorized people cannot view the information on the screen. Screen savers should be used in accordance with the Policy on Workstation Use.
- The director of information systems is responsible for installing electrical power protection devices to suppress surges, reduce static, and provide backup power in the event of a power failure.
- Equipment removed from the facility must be removed only in accordance with the relevant policy, such as for media control or for laptops, or with the permission of the director of information systems. The director will keep records of the removal/receipt of such equipment.
- All personnel who detect or suspect a security problem relating to health information should immediately report the problem to the director of information systems. Such personnel should follow up immediate notification with a written memorandum that includes the following information:
 - Narrative of the physical security problem.
 - Estimate of how long the problem may have existed.
 - Suggest solutions.

Enforcement

- All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name

Witness

Printed Name of Witness

Workstation Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Policy on Workstation Use to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulation's requirement for such a policy, with the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of any covered entity that uses computer terminals must be familiar with the contents of this policy and follow its guidance, as appropriate, when using computer equipment. Familiarity with the plan and demonstrated competence in the requirements of the plan are an important part of every Carolinas Dermatology Group, P.A. employee's responsibilities.

Assumptions

This Workstation Use Policy is based on the following assumptions:

- Every computer workstation in the covered entity is vulnerable to environmental threats, such as fire, water damage, power surge and the like.
- Any computer workstation in the covered entity can access confidential patient information if the user has the proper authorization.
- All computer screens may be viewed by individuals who do not have access to confidential information that may be displayed on the screen.

Preventative Measures

- All computer users will monitor the computer's operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system. For example, if air conditioning fails, so that the temperature around the computer may exceed a safe level, the user must immediately notify their supervisor and the office manager.
- All computers plugged into an electrical power outlet will use a surge suppresser approved by the director of information systems.
- All personnel using computers will familiarize themselves with and comply with the covered entity's disaster plans and take appropriate measures to protect computers and data from disasters.
- Personnel using computers will not smoke at or near the terminal nor eat or drink at the terminal to prevent damage due to spills and so forth.

____ Initial

- Personnel logging onto the system will ensure that no one observes them entering their password.
- After three failed attempts to log on, the system will refuse to permit access and generate a notice to the system administrator.
- Personnel will not log onto the system using another's password nor permit another to log on with their password. Nor will personnel enter data under another person's password.
- Each person using Carolinas Dermatology Group, P.A. computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside Carolinas Dermatology Group, P.A.'s system. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message.
- No employee may access any confidential patient or other information that they do not have a need to know. No employee may disclose confidential patient or other information unless properly authorized (see the Confidentiality Policy and the Disclosure Policy).
- Employees must not leave printers unattended when they are printing confidential patient or other information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer.
- Employees may not use Carolinas Dermatology Group, P.A.'s system to solicit for outside business ventures, organizational campaigns, political activities, or religious causes. Nor may they enter, transmit, or maintain communications of a discriminatory or harassing nature or materials that are obscene or X-rated. No person shall enter, transmit, or maintain messages with derogatory or inflammatory remarks about an individual's race, age, disability, religion, national origin, physical attributes, sexual preference, or health condition. No person shall enter, maintain, or transmit any abusive, profane or offensive language.
- Personnel using the computer system will not write down their password and put it at or near the terminal, such as by putting the password on a yellow "stickie" on the screen or a piece of tape under the keyboard.
- Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period. Supervisors may specify an appropriate period to protect confidentiality while keeping the computer available for use.
- Personnel must log off the system if they leave the computer terminal for any period of time. Exceptions to this policy where medically necessary must be approved in writing by the office manager.
- No personnel may download data from the covered entity's system without the express permission of their supervisor with notice to the director of information systems and office manager.

____ Initial

- No personnel may upload any unauthorized software or data. The director of information systems and office manager must approve any software or data that an employee wishes to upload. This rule is necessary to protect against computer viruses from being transmitted into the covered entity's system.

*Employees should not be using their workstation for any personal use at any time. This includes looking at any websites for personal use during work hours, lunch hours and after hours. Employees are to use the internet for company use only. Our new practice management system is a web based system, and it is crucial that we do not infect our workstations with possible viruses. Any employee that is caught looking at non-work related websites will be written up. If an employee is looking at any website for personal use and a virus infects the computer, that employee will be terminated immediately. The nurses' stations that share computers, unless that person comes forward regarding the website that has infected the computer, each employee will be terminated immediately.

Acceptable Use Policy: Computer Technology/Internet Use

Overview

- The intent of an Acceptable Use Policy is not to impose restrictions that are contrary to Carolinas Dermatology Group's established culture of openness, trust, and integrity. Our goal is to protect Carolinas Dermatology Group and its employees and shareholders from illegal or damaging actions by individuals, either knowingly or unknowingly.
- Network systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, web browsing, e-commerce, and FTP are the property of Carolinas Dermatology, P.A. These systems are to be used for business purposes in serving the interests of the firm, and of our patients and customers in the course of normal operations.
- Effective security is a team effort involving the participation and support of every employee and affiliate of Carolinas Dermatology Group, P.A. who deals with information and/or information technology (IT) systems. It is the responsibility of every computer user to know these guidelines, and to conduct their activities accordingly.

Purpose

- The purpose of this policy is to outline the acceptable use of computer equipment at Carolinas Dermatology Group, P.A. (the firm). These rules are in place to protect the employee and Carolinas Dermatology Group, P.A. Inappropriate use exposes Carolinas Dermatology Group, P.A. to risks including virus attacks, compromise or network systems and services, and legal issues.

_____ Initial

Scope

- This policy applies to employees, contractors, consultants, temporaries, and other workers at Carolinas Dermatology Group, P.A., including all personnel affiliated with third parties. This policy applies to all equipment that is owned or leased by Carolinas Dermatology Group, P.A.

General Use and Ownership

- While Carolinas Dermatology Group, P.A. network administration desires to provide a reasonable level of privacy, users should be aware that the data they create on any corporate system becomes the property of Carolinas Dermatology Group, P.A. and as such, can be subject of monitoring and recording with or without notice at any time.
- Employees are responsible for exercising good judgment regarding use of the firm's computer systems for personal use. Carolinas Dermatology Group, P.A. does understand that it is sometimes necessary to handle personal issues during normal work hours, but excessive use of the firm's IT system is prohibited.
- For security and network maintenance purposes, authorized individuals within Carolinas Dermatology Group, P.A. may monitor equipment, systems, and network traffic at any time. Carolinas Dermatology Group, P.A. reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy. Breach of this policy can be considered grounds for termination of employment.

IT System Activities

- Password and Accounts –Your login password is the key to the firm's IT systems. Your login is your identity; anyone with that information can access the firm's network, e-mail, and confidential client and corporate information that you have access to. It is imperative that you keep passwords secure and do not share your account information with anyone unless authorized to do so by an approved firm representative.
 - Application level password will be changed periodically
 - User account passwords can be changed without notice
 - Users must log off or lock their PC's when they leave the room, containing the PC, or when leaving for the evening.
- E-mail, Forum & Newsgroups –Electronic communication from employees of Carolinas Dermatology Group, P.A. must adhere to the following guidelines
 - Corporate Signature: It is important to maintain a standard corporate image, as such, all correspondence must contain the following elements:
 -

____ Initial

Email:

- Employee Name (with credentials if desired)
Carolinas Dermatology Group, P.A.
1706 St. Julian Place
Columbia, SC 29204
Ph. 803-771-7506
Fax 803-771-9455
www.caroderm.com

IMPORTANT NOTE: The information contained in this e-mail message is confidential and is intended only for the use of the individual or entity named above. If you are not the intended recipient (or the employee or agent responsible for delivery to the intended recipient), please do not distribute, disseminate, or copy this communication. If you receive this message in error, please notify us immediately by replying to this message or by calling 803-771-7506. Thank you

Forum/Newsgroup:

****DO NOT INCLUDE CONTACT INFORMATION****

- E-mail Attachments –Employees must use extreme caution when opening e-mail attachments which may contain viruses, spyware, or other malware. Under most circumstances, opening Microsoft Office or accounting software files is acceptable. Do not open files with .exe, .vbs extensions or other executable or scripts –such files commonly contain viruses when received via e-mail or downloaded unintentionally.

General PC Use

- Employees, contractors, consultants, temporaries, and other workers at Carolinas Dermatology Group, P.A., including all personnel affiliated with third parties must receive prior approval to install ANY computer related hardware or software on the company's IT systems. This includes, but is not limited to: keyboards, mouse pointing devices, and screensavers, regardless of how harmless they may seem or how easy they may be to install.

Unacceptable & Prohibited Use

The following activities are, in general, prohibited. Employees may be exempted from these restrictions during the course of their legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host of that host is disrupting production services).

_____ Initial

- Under no circumstances is any employee of Carolinas Dermatology Group, P.A. authorized to engage in any activity that is illegal under local state, federal or international law while utilizing Carolinas Dermatology Group, P.A. owned resources.
- Excessive personal use of the firm's computer systems. This consists of, but is not limited to:
 - Excessive personal e-mails
 - Instant Messaging Services of any kind
 - Use of computer systems for outside business interests
 - Using the company's IT systems in the pursuit of other employment opportunities.
- The following activities are strictly prohibited with no exceptions. This list is by no means exhaustive, but an attempt to provide a framework for activities which fall into the category of unacceptable use.
 - Violations of the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licenses for use by Carolinas Dermatology Group, P.A.
 - Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books, or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which Carolinas Dermatology Group, P.A. or the end user does not have an active license is strictly prohibited.
 - Exporting software, technical information, encryption software, or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to export of any material that is in question.
 - Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc).
 - Revealing your account password to others allowing use of your account by others. This includes family and other household members when work is being done at home.
 - Using any computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.
 - Making fraudulent offers of products, items, or services originating from any source associated with Carolinas Dermatology Group, P.A.
 - Making statements about warranty, expressly or implied, unless it is a part of normal job duties.

- Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, “disruption” includes, but not limited to, network sniffing, pinged floods, packet spooling, denial of service, and forged routing information for malicious purposes.
- Port scanning or security scanning is expressly prohibited unless prior notification to management and/or Ironlogix is made.
- Executing any form of network monitoring which will intercept data not intended for the employee’s host, unless this activity is a part of the employee’s normal job/duty.
- Circumventing user authentication or security of any host, network or account.
- Interfering with or denying service to any use other than the employee’s host (for example, denial of service attack).
- Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user’s terminal session, via any means, locally or via the Internet/Intranet/Extranet.
- Providing information about, or lists of, Carolinas Dermatology Group, P.A. employees to parties outside Carolinas Dermatology Group, P.A.
- Sending unsolicited e-mail messages, including the sending of “junk e-mail” or other advertising material to individuals who did not specifically request such material (e-mail spam).
- Any form of harassment via e-mail, telephone or paging, whether through language, frequency, or size of messages.
- Unauthorized use, or forging, of e-mail header information.
- Solicitation of e-mail for any other e-mail address, other than that of the poster’s account, with the intent to harass or to collect replies.
- Creating or forwarding chain letters, “Ponzi” or other “pyramid” schemes of any type.
- Use of unsolicited e-mail originating from within Carolinas Dermatology Group, P.A. networks of other Internet/Intranet/Extranet services providers on behalf of, or to advertise, any service hosted by Carolinas Dermatology Group’s network.
- Posting the same or similar non-business related messages to large numbers of Usenet newsgroups (newsgroup spam).

Internet Security Policy

Carolinas Dermatology Group, P.A. has adopted this Internet Security Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

- This Internet Security Policy is based on the following assumptions:
- Carolinas Dermatology Group, P.A. can benefit from access to and use of the internet and its resources.
- The resources, services, and interconnectivity available via the internet provide significant resources to improve the efficiency of Carolinas Dermatology Group, P.A.
- Use of the internet also involves more risks than an intranet does.
- Improper use of the internet puts Carolinas Dermatology Group, P.A. and its employees at risk.
- The content of all web pages under Carolinas Dermatology Group, P.A.'s jurisdiction must comply with local, state, federal laws, and Carolinas Dermatology Group P.A.'s policies and procedures.
- A policy for the proper use of the internet is necessary to maintain the accuracy, security, and confidentiality of individually identifiable health information and other sensitive data.
- Carolinas Dermatology Group, P.A.'s system used to access the internet is the property of Carolinas Dermatology Group, P.A. and is subject to Carolinas Dermatology Group, P.A. control of such use.
- Data users have no expectation of privacy in Carolinas Dermatology Group, P.A.'s system used to access the internet

Policy

This policy applies to all officers, employees, and independent contractors of Carolinas Dermatology Group, P.A. who use Carolinas Dermatology Group, P.A.'s system for internet access and governs all internet access, communications, and storage using Carolinas Dermatology Group, P.A.'s system. Department directors have discretion in establishing additional reasonable and appropriate conditions of use for internet use by data users under their control. Such policies must be consistent with this policy and must be provided to the director of information systems for review.

All data users must strictly observe the following rules when using the internet:

- Users may not access or use the internet for personal business or personal commercial gain.
- Users must have a proper medical or business purpose for any access and use for the internet.
- Users may not access pornographic or other offensive websites, including, but not limited to, sexist, racist, discriminatory, hate, or other sites that would offend a reasonable person in the same or similar circumstances. If the user has any doubt whether access to a specific site is proper, he or she should seek approval from his or her department director.

Access control:

- Users may not use any other user's password or other identification to access the internet.
- Users may not establish modems, internet, or other external network connections that could allow unauthorized users to access Carolinas Dermatology Group, P.A.'s system or information without prior approval of the director of information systems.
- Users may not establish or use new or existing internet connections to establish new communications channels without the prior approval of the director of information systems.
- Users may not transfer individually identifiable health information or Carolinas Dermatology Group, P.A.'s business information via the internet without prior approval of the office manager and or HIPAA officer. Before transmitting individually identifiable health information, the user will comply with Carolinas Dermatology Group, P.A.'s Disclosure Policy to ensure legal authority for the disclosures exists. The director of information systems is responsible for ensuring that appropriate security and privacy business associate agreements are in place to protect the security and confidentiality of information transmitted via the internet when necessary.

____ Initial

- Carolinas Dermatology Group, P.A. supports strict adherence to software vendors' license agreements. Data users may not copy software in any manner that is inconsistent with the vendor's license.
- At any time and without prior notice, Carolinas Dermatology Group, P.A. reserves the right to audit internet access.
- No data user may attempt to probe computer security mechanisms at Carolinas Dermatology Group, P.A. or other internet sites unless part of an audit approved by the director of information systems.
- Data users will report security problems with internet use, breach of confidentiality, and any violations of this or other Carolinas Dermatology Group, P.A. policies and procedures occurring during internet use in accordance with Carolinas Dermatology Group, P.A.'s Report Procedure.

Enforcement

All officers, agents, and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name of Officer, Agent, or Employee

Witness

Printed Name of Witness

Initial

Release of Information Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Release of Information Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, and the Joint Commissions on Accreditation of Healthcare Organizations ("JCAHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the personnel security policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Release of Information Policy is based on the following assumptions:

- Although patient medical records are the "property" of the facility, patients have rights of access to the information contained in the records.
- [Name of covered entity] may maintain or transmit individually identifiable health information of individuals who are not "patients" of Carolinas Dermatology Group, P.A.
- Other than disclosures authorized by the DHHS Standards on the Privacy of Individually Identifiable Health Information (privacy regulations) and federal and state law, Carolinas Dermatology Group, P.A. must obtain a consent or an authorization or give the individual an opportunity to object to a use or disclosure in order to use or disclose medical information.
- Any use or disclosure of confidential patient or other information carries with it the potential for an unauthorized use or redisclosure that breaches confidentiality.
- Carolinas Dermatology Group, P.A. incurs costs when releasing patient information, such as copying, postage, and so forth and may charge a reasonable fee to offset those costs.

Policy

All persons authorized to release medical records and information must read, understand, and comply with this policy.

General Principle

Carolinas Dermatology Group, P.A. has a legal and an ethical responsibility to preserve the privacy and confidentiality of patient information. Accordingly, all personnel will adhere strictly to this basic principle: the individual's prior consent, authorization, or an opportunity to object or a ground specified in the privacy regulations that does not require

such consent, authorization, or opportunity to object is required before use or disclosure of patient information.

Compliance with Laws and Regulations

These policies and practices shall be consistent with state and federal laws and regulations that have not been preempted by HIPAA and its implementing regulations, including the privacy regulations, and that contain provisions relating to the release of information from patient records.

Administrative Processes

Carolinas Dermatology Group, P.A. will process requests for information from patient records in a timely, consistent manner as set forth in this policy.

Priorities and Time Frames

The following priorities and time frames shall apply to release of information requests processed by the health information department:

- Emergency requests involving immediate emergency care of patient: immediate processing.
- Priority requests pertaining to current care of patient: within one workday.
- Patient request for access to own record: within three workdays.
- Subpoenas and depositions: as required.
- *All other requests*: within five workdays.

Courtesy Notification to Practitioners

The health information department will notify the appropriate health care practitioner when any of the following events occur:

- Patient or his or her representative requests information from the medical record.
- Patient or representative requests direct access to the complete medical record.
- Patient or representative institutes legal action.

Monitoring Process

The health information department will maintain a log to track the step-by-step process toward completion of each request for release of information. Health information management department personnel will review and update this log daily to give proper priority to requests and to provide early intervention in problem situations. The log shall contain the following information:

- Date department received the request.

- Name of patient.
- Name and status (patient, parent, guardian) of person making request.
- Authority for release.
- Reason for release.
- Information released.
- Date released.
- Fee charged.

Fee Schedule

Carolinas Dermatology Group, P.A. will charge a reasonable fee to offset the costs associated with specific categories of requests. Carolinas Dermatology Group, P.A. will base the fee on an assessment of such factors as the costs of equipment and supplies, employee costs, and administrative overhead and shall include postage, including express mail costs when incurred at the request of the authorizing party.

The director of health information management may waive fees for good reason and shall note the reason for waiver in the release of information tracking log.

Preparation of Response

Unless the request specifies release of the complete medical record, the health information management department shall release only selected portions of the record. The department shall prepare an appropriate cover letter detailing the items included.

Prohibition of Redisclosure

Unless a law or regulation requires a more specific prohibition on redisclosure each disclosure outside Carolinas Dermatology Group, P.A. will contain the following notice:

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other third party unless required to do so by law or regulation, and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received This information in error, please notify the sender immediately and destroy these documents.

Retention of Request

The health information management department will retain the original request, the authorization for release of information, and a copy of the cover letter in the patient's

medical record for the appropriate record retention period for medical and business-related records or for not less than six years from the date of release, whichever is longer.

Use of Copying Service

To facilitate the timely processing of release of information requests Carolinas Dermatology Group, P.A. may use the services of a commercial copying service on terms that protect the integrity and confidentiality of patient information.

Quality Control

The director of the health information management department or designee shall carry out a routine audit of the release of information at least quarterly, paying particular attention to the following factors:

- Validity of authorization.
- Appropriateness of information abstracted in response to the request.
- Retention of authorization, request, and transmitting cover letter.
- Procedures for telephone, electronic, and in-person requests.
- Compliance with designated priorities and time frames.
- Proper processing of fees.
- Maintenance of confidentiality.

The director of health information management shall give periodic in-service training to all employees involved in the release of information process.

The director of health information management shall review this policy and associated procedures with risk management and legal counsel at least semiannually.

Capacity to Authorize

Carolinas Dermatology Group, P.A. requires a written, signed, current, valid authorization to release medical information as follows:

<u>Patient Category</u>	<u>Required Signature</u>
Adult patient	Patient or a duly authorized representative, such as court-appointed guardian or attorney. Proof of authorized representation required, such as notarized power of attorney.
Deceased patient	Next of kin as stated on admission face sheet (state relationship on authorization) or executor/ administrator of estate.

Unemancipated minor	Parent, next of kin, or legally appointed guardian/attorney (proof of relationship required).
Emancipated minor ¹	Same as adult patients above.
Psychiatric, drug, alcohol program patients/clients	Same as adult patients above, but see Appendix D for special requirements.
AIDS/HIV or other sexually transmitted disease patients	Same as adult patients above, but see Appendix D for special requirements.

Content and Format of Consent

Carolinas Dermatology Group, P.A. must obtain a consent to use or disclose protected health information (“PHI”) for treatment, payment, or health care operations. Such consent must contain the following information:

- Inform the individual that PHI may be used and disclosed to carry out treatment, payment, or health care operations.
- Refer the individual to the statement of information practices for a complete description of such uses and disclosures and state that the individual has the right to review the notice before signing the consent.
- State that Carolinas Dermatology Group, P.A. has reserved the right to change its privacy practices that are described in the notice and that the terms of its notice may change and describe how the individual may obtain a revised notice.
- State that the individual has the right to request that [name of covered entity] restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations and state that Carolinas Dermatology Group, P.A. is not required to agree to the restriction, but that, if it does, the agreement to the restriction is binding.
- State that the individual has the right to revoke the consent in writing, except to the extent that Carolinas Dermatology Group, P.A. has already taken action in reliance on it.
- Signature of the individual and date signed.

Content and Format of Authorization

¹State law defines which minors are “emancipated,” that is, able to act as an adult. Typical factors resulting in emancipation are marriage, pregnancy, earning a living as an adult, and having moved out of the family home.

Written authorization is required for all other uses and disclosures except those such as marketing, facility directories, and involvement of family members that require only an opportunity to object. Written authorization must contain detailed, specific information directing the release of patient information. Authorizations must include the following information:

- Name and address of the facility.
- Name of the patient.
- Person or organization, including complete address, to whom the information is to be released.
- Purpose of the disclosure.
- Signature of the patient or duly authorized representative.
- Date signed.
- Information to be released.
- Signature of witness.

The director of health information management shall develop and use an approved authorization form.. Health information management department personnel will use this form whenever possible. Health information management department personnel shall, however, honor letters and other forms, provided that they include all of the required information.

Validating Identity

A valid photo identification must be shown before copies of patient records are released to an individual. If a patient requests to have their patient records picked up by another individual, the patient must document in writing on the release form the full name of the person the information is to be released to. Carolinas Dermatology Group, P.A. reserves the right to refuse the release of these records if a valid photo identification cannot be presented or if there is reasonable doubt or question as explained below.

Revocation of Authorization

A patient may revoke an authorization by providing a written statement to Carolinas Dermatology Group, P.A. The revocation shall become effective when Carolinas Dermatology Group, P.A. receives it.

Patient Education

To facilitate the timely and proper release of information, Carolinas Dermatology Group, P.A. will provide patients an explanation of the release of information requirements at the time of signing the information release form.

Refusal to Honor Authorization

Health information management department personnel or others authorized to release information will not honor a patient authorization when they have a reasonable doubt or question as to the following information:

- Identity of the person presenting the authorization.
- Status of the individual as the duly appointed representative of a minor, a deceased, or an incompetent person.
- Legal age or status as an emancipated minor.
- Patient capacity to understand the meaning of the authorization.
- Authenticity of the patient's signature.
- Current validity of the authorization.

In such situations, the employee shall refer the matter to the director of health information management for review and decision.

Electronic Records

The above requirements apply equally to electronic records, such as email, fax, internet, or other electronically maintained or transmitted PHI. No employee shall release electronic records without complying with this policy. See also Carolinas Dermatology Group, P.A.'s Fax Policy and Internet Policy.

Minimum Necessary Standard

Under § 164.502(b) of the DHHS privacy regulations, Carolinas Dermatology Group, P.A. must make all reasonable efforts not to use or disclose more than the minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure. This requirement does not apply to the following disclosures (section numbers refer to the privacy regulations):

- Those made in accordance with §§ 164.508(a) (upon request by an individual), 164.514 (pursuant to an individual's right of access), or 164.522 (as required by the Secretary of DHHS to enforce compliance).
- Those required by law and permitted by § 164.510 (uses and disclosures for which individual authorization is not required).
- Those required for compliance with the privacy regulations.
- Those made by a covered health care provider to a covered health plan when the information is requested for audit and related purposes.

To comply with the minimum necessary standard, Carolinas Dermatology Group, P.A. must identify those persons or classes of persons in its workforce who need access to PHI to carry out their duties. For each such person or class of persons, Carolinas Dermatology Group, P.A. must identify the category or categories of PHI to which access is needed and any conditions appropriate to such access. Carolinas Dermatology Group, P.A. must

make reasonable efforts to limit the access of such individuals or classes to the degree of access and the conditions placed thereon. Department directors are responsible for making such determinations and reporting the same to the director of health information management or office manager who will maintain such records for not less than six years.

Department directors must implement policies and procedures, which may be standard protocols for routine and recurring uses and disclosures, that limit the PHI to that reasonably necessary to achieve the purpose of the disclosure.

For all other disclosures, department directors must take the following steps:

- Develop criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought.
- Review requests for disclosure on an individual basis in accordance with such criteria.

Carolinas Dermatology Group, P.A., its officers, and employees may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose in the following circumstances:

- When making disclosures to public officials that are permitted under § 164.512 (uses and disclosures not requiring consent, such as for health oversight, to coroners, and so forth), if the public official represents that the information requested is the minimum necessary for the stated purpose.
- When another covered entity requests the information.
- When the information is requested by a professional who is a member of the Carolinas Dermatology Group, P.A.'s workforce or is its business associate for the purpose of providing professional services to the Carolinas Dermatology Group, P.A., if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
- When documentation or representations that comply with the applicable requirements of § 164.512(i) (disclosures for research purposes) have been provided by the requester for research purposes.

For all uses, disclosures, or requests to which the minimum necessary rule applies, Carolinas Dermatology Group, P.A. may not use, disclose, or request an entire medical record, except in cases in which the entire medical record is justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.

Methodology for Disclosures under the Privacy Regulations Not Requiring Consent, Authorization, or Opportunity to Object

When an employee who is authorized to disclose individually identifiable health information receives a request for a use or disclosure that does not require consent, authorization, or opportunity to object under § 164.512 of the DHHS privacy regulations,

the employee must observe the following procedure to determine whether the employee may disclose the PHI:

- Determine whether the use or disclosure is one that the employee is authorized to make. The director of health information management will determine which categories of employees are allowed to disclose under this policy. The following uses and disclosures **must be referred to the legal department**:
 - Disclosures about victims of abuse, neglect, or domestic violence.
 - Disclosures and uses for judicial and administrative proceedings.
 - Disclosures for law enforcement purposes (except in an emergency in which no time exists for legal review).
 - Uses and disclosures to avert a serious threat to health and safety (except in an emergency in which no time exists for legal review).
 - National security and intelligence activities.
 - Correctional institutions and other law enforcement custodial institutions.
- Verify the identity of the requester and the requester's authority to receive the information. For example, if the requester states that the requester is from law enforcement, request to see a badge or credentials. If the requester represents that the requester is from the department of health at the facility to audit medical records, ask to see documentation of the authorization on department letterhead. Unless something about the badge, credential, letter on department letterhead, or other proof of authority appears suspicious, the employee can rely on such evidence.
- Compare the facts and circumstances of the request to the detailed criteria of the relevant category or categories under § 164.512 of the DHHS privacy regulations (see relevant appendices to this Release of Information Policy).
- If the facts and circumstances do not meet **all** of the relevant criteria of at least one category under § 164.512 of the privacy regulations, **do not** release the information. Note the request and why it was not granted on the form developed by the director of health information management.
- If the facts and circumstances do meet all of the relevant criteria of at least one category under § 164.512, **do not release the information until after you have determined whether another state or federal law prohibits or restricts the disclosure**. In other words, if the privacy regulations permit the disclosure, but state law specifies that the requester must obtain a court order, do not release the information without a court order.
- Record the disclosure on the form developed by the director of health information management.

Enforcement

All officers, agents, and employees of Carolinas Dermatology Group, P.A. **must** adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name of Officer, Agent, or
Employee

Witness

Printed Name of Witness

Report Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Report Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Report Procedure is based on the following assumptions:

- Breaches of security, confidentiality, or Carolinas Dermatology Group, P.A.'s policies and procedures may occur despite security and confidentiality protections
- Early detection and response to such breaches are critical to stop any such breach, correct the problem, and mitigate any harm.
- All personnel must know how to report breaches and suspected breaches.

Policy

The purpose of reporting health information breaches and suspected breaches is as follows:

- Minimize the frequency and severity of incidents
- Provide for early assessment and investigation before crucial evidence is gone.
- Quickly take remedial actions to stop breaches, correct problems, and mitigate damages.
- Implement measures to prevent recurrence of incidents

It is the policy of Carolinas Dermatology Group, P.A. that all personnel should not only feel free to report breaches, without fear of reprisal, but also understand that they have a duty to do so.

Carolinas Dermatology Group, P.A. will not take any adverse personnel or other action against a person who reports an actual or suspected breach of security, confidentiality, or {name of covered entity}'s policies and procedures protecting the security and confidentiality of health information so long as the report is made in good faith. Making a knowing false report, however, may result in disciplinary action under Carolinas Dermatology Group, P.A.'s sanction policy.

Who should Report?

All employees and others with access to health information must report breaches of security/confidentiality or of Carolinas Dermatology Group, P.A.'s policies and procedures protecting the security and confidentiality of health information as specified below.

What should be Reported?

Employees and others must report the following:

- Breach of security, defined as any event that inappropriately places health information at risk for unavailability, improper alteration, breach of confidentiality, or other potential harm to patients, staff, Carolinas Dermatology Group, P.A., or others that may result in adverse legal action.
- Breach of confidentiality, defined as the improper disclosure of individually identifiable health information to a person or entity not authorized to receive the information.
- Any violation of Carolinas Dermatology Group, P.A.'s policies and procedures relating to the security of confidentiality of patient information.
- Any violation of Carolinas Dermatology Group, P.A.'s policies and procedures relating to the proper use of computer and other information systems equipment.

How to Report

The person discovering the breach or suspected breach must institute the reporting procedure as soon as possible after the occurrence of the breach or its discovery. The person discovering the breach must take the following actions:

- Initiate any necessary corrective action. If, for example, a data user detects a burning odor at a workstation, he or she should immediately turn off the power to the system components. If, for example, a data user detects an unauthorized person observing confidential patient data on a computer screen, he or she should cover the screen, turn off the screen, or otherwise prevent the unauthorized person from continuing to view it.
- Notify the fire department or other emergency services if necessary.
- Report the matter to building security if necessary, such as in the case of an unauthorized person in the medical records department who refuses to leave immediately.
- Report the incident to his or her immediate supervisor if the supervisor is available.
- As soon as possible, make a written report of the following information.
 - Person submitting the report.
 - Date and time of the report.
 - Date and time of the incident.
 - Location of the incident.
 - Health information resources, involved (hardware, software, data)

- Persons involved (suspects, witnesses).
- Nature of the breach.
- Harm, if any, observed.
- Any statements made by suspects and witnesses.
- Who was notified.
- Remedial action, if any taken.
- Recommendations for corrective action.
- Such reports are a risk of management tool and not a patient care document. No such report may be made a part of a patient's medical record.
- The Compliance Manager must maintain copies of all reports for at least six years from the date of the report.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name

Witness

Printed Name of Witness

Sanction Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Sanction Policy to comply with our duties under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with this policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Sanction Policy is based on the following assumptions:

- Carolinas Dermatology Group, P.A. has adopted a Security Policy requiring Carolinas Dermatology Group, P.A. and its officers, employees, and agents to protect the integrity and confidentiality of medical and other sensitive information pertaining to our patients.
- In addition, Carolinas Dermatology Group, P.A. and its departments have adopted policies and standards to carry out the objectives of the Security Policy.
- Each of these policies and standards notes that all officers, employees and agents of Carolinas Dermatology Group, P.A. employees must adhere to these policies and standards, that Carolinas Dermatology Group, P.A. will not tolerate violations of these policies and standards, and that such violations constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

Policy

- Any officer, employee, or agent of Carolinas Dermatology Group, P.A. who believes that another officer, employee, or agent of Carolinas Dermatology Group, P.A. has breached Carolinas Dermatology Group, P.A.'s Security Policy or the policies and standards promulgated to carry out the objectives of the Security Policy or otherwise breached the integrity or confidentiality of patient or other sensitive information should be immediately report such breach to his or her supervisor.
- The management of Carolinas Dermatology Group, P.A. will conduct a thorough and confidential investigation into the allegations. Carolinas Dermatology Group, P.A. will inform the complainant of the results of the investigation and any corrective action taken. Carolinas Dermatology Group, P.A. will not retaliate against or permit reprisals against a complainant. Allegations not made in good faith, however, may result in discharge or other discipline.

____ Initial

- As noted in Carolinas Dermatology Group, P.A.'s employee handbook, Carolinas Dermatology Group, P.A. has a progressive discipline policy under which sanctions become more severe for repeated infractions. This policy, however, does not mandate the use of a lesser sanction before Carolinas Dermatology Group, P.A. terminates an employee. In the discretion of management, Carolinas Dermatology Group, P.A. may terminate an employee for the first breach of Carolinas Dermatology Group, P.A.'s security policy or individual policies and standards if the seriousness of the offense warrants such action. An employee could expect to lose his or her job for a willful or grossly negligent breach of confidentiality, willful or grossly negligent destruction of computer equipment or data, or knowing or grossly negligent violation of HIPAA, its implementing regulations, or any other federal or state law protecting the integrity and confidentiality of patient information and may lose his or her job for negligent breach of Carolinas Dermatology Group, P.A.'s standards for protecting the integrity and confidentiality of patient information. For less serious breaches, management may impose a lesser sanction, such as a verbal or written warning, verbal or written reprimand, loss of access, suspension without pay, demotion, or other sanction. In addition, Carolinas Dermatology Group, P.A. will seek to include such violations by contractors as a ground for termination of the contract and/or imposition of contract penalties.
- Violation of Carolinas Dermatology Group, P.A.'s security policy or individual policies and standards may constitute a criminal offense under HIPAA, other federal laws, such as the Federal Computer Fraud and Abuse Act of 1986, 18 U.S.C. § 1030, or state laws. Any Employee or contractor who violates such a criminal law may expect that Carolinas Dermatology Group, P.A. will provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.
- Violations of Carolinas Dermatology Group, P.A.'s security policy or individual policies and standards may violate professional ethics and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline should expect Carolinas Dermatology Group, P.A. to report such violations to appropriate licensure/accreditation agencies and to cooperate with any professional investigation or disciplinary proceedings.

This Sanction Policy is intended as a guide for the efficient and professional performance of duties of Carolinas Dermatology Group, P.A.'s officers, employees, and agents to protect the integrity and confidentiality of medical and other sensitive information. Nothing herein shall be constructed to be a contract between the employer and the employee. Additionally, nothing in this Sanction Policy is to be construed by an employee as a containing binding terms and conditions of employment. Nothing in this Sanction Policy should be construed as conferring any employment. Nothing in this Sanction Policy should be construed as conferring any employment rights on employees or changing their status from "at-will employees." Carolinas Dermatology Group, P.A. retains the absolute right to terminate any employee at any time, with or without good cause. Management retains the right to change the contents of this Sanction Policy as it deems necessary with or without notice.

Enforcement

All officers, agents, and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of Officer, Agent, or Employee

Date

Title of Officer, Agent, or Employee

Printed Name of Officer, Agent, or
Employee

Witness

Printed Name of Witness

Initial

Training Policy

Introduction

Carolinas Dermatology Group, P.A. has adopted this Training Policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organization ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Training Policy is based on the following assumptions:

- In any organization, people are the greatest asset in maintaining an effective level of security.
- Likewise, poor personnel security can result in serious breaches of data integrity and confidentiality. Approximately 80 percent of all breaches of confidentiality of health information result from poor personnel security in covered entities.
- Physical and technical security cannot adequately compensate for poor personnel security.
- Poorly trained, poorly supervised, or dishonest employees can often defeat physical and technical security mechanisms.
- An honest employee is still a security risk of he or she does not know what is expected with regard to security and confidentiality.
- No security program can be effective without maintaining employee awareness and motivation.
- Initial training is not enough. It must be supplemented with periodic refresher training.

Policy

- HIPAA and the DHHS security and privacy regulations require training all personnel with access to individually identifiable health information. The Office Manager, director of information systems, or director of health information is responsible for developing, presenting, and documenting training in following subjects:
 - Principles of and need for privacy and security
 - Requirements of HIPAA and the DHHS regulations.
 - Requirements of other federal and state laws regulating health information.

- Requirements of professional ethics and accreditation standards regulating health information.
- Carolinas Dermatology Group, P.A.'s policies and procedures regarding health information.
- Practical guidance for protecting data integrity and confidentiality, such as proper password procedure, how to guard against computer viruses, and the like.
- Procedures for reporting breaches of security and confidentiality.
- Carolinas Dermatology Group, P.A. must have trained all personnel by August 10th, 2015. Thereafter, new personnel must be trained as soon as possible after beginning employment.
- Carolinas Dermatology Group, P.A. must also provide periodic refresher training in the above subjects. Such training must include "lessons learned" from security and confidentiality breaches, as well as any changes in the Carolinas Dermatology Group, P.A.'s policies and procedures.
- Data users must sign a statement certifying that Carolinas Dermatology Group, P.A. has trained them, that they understand the training, particularly Carolinas Dermatology Group, P.A.'s policies and procedures, that they will adhere to the requirements of relevant laws and Carolinas Dermatology Group, P.A.'s policies and procedures, and that they understand that they face disciplinary action if they do not.
- The Office Manager and/or Compliance Manager will retain data users' statements of understanding and compliance for not less than six years from the date of training.
- Carolinas Dermatology Group, P.A. encourages the use of videotapes, elearning, and other methods that do not take larger numbers of data away from their jobs for an extended period.

Enforcement

All officers, agents, and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violations of this policy are grounds for disciplinary action up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information Sanction Policy and personnel rules and regulations.

Signature of User

Date

Title of User

Date

Witness

Printed Name of Witness

Security Policy

Introductions

Carolinas Dermatology Group, P.A. has adopted this Security Policy to comply with our duties under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with this policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Security Policy is based on the following assumptions:

- All personnel of Carolinas Dermatology Group, P.A. must preserve the integrity and the confidentiality of medical and other sensitive information pertaining to our patients.
- The purpose of this Security Policy is to ensure that {name of covered entity} and its officers, employees, and agents have the necessary medical and other information to provide the highest quality medical care possible while protecting the confidentiality of that information to Carolinas Dermatology Group, P.A. and its officers, employees, and agents for purposes of treatment.

Policy

To that end, Carolinas Dermatology Group, P.A. and its officers, employees and agents will:

- Collect and use individual medical information only for the purposes of providing medical services and for supporting the delivery, payment, integrity, and quality of those services. Carolinas Dermatology Group, P.A. and its officers, employees, and agents will not use or supply individual medical information for non-health care uses, such as direct marketing, employment, or credit evaluation purposes other than as authorized by the Department of Health and Human Services ("DHHS") privacy regulations.
- Collect and use individual medical information only:
 - To provide proper diagnosis and treatment.
 - With the individual's knowledge and consent/authorization.
 - To receive reimbursement for services provided.

- For research and similar purposes designed to improve the quality of and to reduce the cost of health care.
 - As a basis for required reporting of health information.
- Recognize that medical information collected about patients must be accurate, timely, complete, and available when needed. Consequently, Carolinas Dermatology Group, P.A. and its officers, employees, and agents will:
 - Use their best efforts to ensure the accuracy, timeliness, and completeness of data and to ensure that authorized personnel can access data when needed.
 - Complete and authenticate medical records in accordance with the law, medical, ethics, and accreditation standards.
 - Maintain medical records for the retention periods required by law and professional standards.
 - Not alter or destroy an entry in a record, but rather designate it as an error while leaving the original entry intact and create and maintain a new entry showing the correct data.
 - Implement reasonable, cost-effective measures to protect the integrity of all data maintained about patients.
- Recognize that patients have a right of privacy. Carolinas Dermatology Group, P.A. and its officers, employees, and agents will respect patients' individual dignity at all times. Carolinas Dermatology Group, P.A. and its officers, employees, and agents will respect patients' privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of Carolinas Dermatology Group, P.A.
- Act as responsible information stewards and treats all individual medical record data and related financial, demographic, and lifestyle information as sensitive and confidential. Consequently, Carolinas Dermatology Group, P.A. and its officers, employees, and agents will:
 - Treat all individual medical record data, called "protected health information" ("PHI"), as confidential in accordance with the DHHS privacy regulations, other legal requirements, professional ethics, and accreditation standards.
 - Use or disclose only the minimum necessary health information to accomplish the particular task for which the information is used or disclosed/
 - Not divulge medical record data unless the patient (or his or her authorized representative) has properly consented to the release or the release is otherwise authorized by the privacy regulations and/or the law, such as communicable disease reporting, child abuse reporting, and the like.
 - When releasing medical record data, take appropriate steps to prevent unauthorized re-disclosures, such as specifying that the recipient may not further disclose the information without patient consent or as authorized by the law.
 - Implement reasonable, cost effective measures to protect the confidentiality of medical and other information maintained about patients.

- Remove patient identifiers when appropriate, such as in statistical reporting and in medical research studies.
- Not disclose financial or other patient information except as necessary for billing or other authorized purposes as authorized by the privacy regulations, other laws, and professional standards.
- Recognize that some medical information is particularly sensitive, such as HIV/AIDS information, mental health and developmental disability information, alcohol and drug abuse information, and other information about sexually transmitted or communicable diseases, and that disclosure of such information could severely harm patients, such as by causing loss of employment opportunities and insurance coverage, as well as the pain of social stigma. Consequently, Carolinas Dermatology Group, P.A. and its officers, employees, as required by law, professional ethics, and accreditation requirements.
- Other than for treatment purposes or when authorized by the patient, not use or particular task for which the information is used or disclosed.
- Recognize that, although Carolinas Dermatology Group, P.A. “owns” medical records, the patient has a right of access to information contained in the records. Carolinas Dermatology Group, P.A. and its officers, employees and agents will:
 - Provide patients a notice of information practices that details their rights, our duties, and how we will use and disclose their PHI in accordance with the requirements of the privacy regulations.
 - Permit patients to access and copy their PHI in accordance with the requirements of the privacy regulations.
 - Provide patients an opportunity to request correction of inaccurate data in their records in accordance with the requirements of the privacy regulations.
 - Provide patients an accounting of uses and disclosures other than those for treatment, payment, and health care operations and those that the patients have consented to or authorized in accordance with the requirements of the privacy regulations.
 - Permit patients to request restriction on the use and disclosure of their PHI and to request alternate forms of communications in accordance with the requirements of the privacy regulations.

Enforcement

All officers, agents, and employees of Carolinas Dermatology Group, P.A., must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature

Date

Title

Printed Name

Witness

Printed Name of Witness

Termination Policy and Procedure

Introduction

Carolinas Dermatology Group, P.A. had adopted this Termination Procedure to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Department of Health and Human Services ("DHHS") security and privacy regulations, the Joint Commission on Accreditation of Healthcare Organizations ("JACHO") accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. All personnel of Carolinas Dermatology Group, P.A. must comply with this policy. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibilities.

Assumptions

This Termination Procedure is based on the following assumptions:

- In any organization, people are the greatest asset in maintaining effective level of security.
- Conversely, people are the greatest threat to data security and confidentiality.
- A terminated employee may pose threat to data security and confidentiality, particularly if dissatisfied with his or her employment or termination.

Policy

HIPAA and the DHHS security and privacy regulations require termination procedures for all personnel with access to individually identifiable health information.

- The Office Manager or delegated official is responsible for notifying the supervisors of the employee and others, such as independent contractors, who will be leaving Carolinas Dermatology Group, P.A.'s or otherwise (through reassignment, extended absence, and so forth) and will no longer need access to health information.
- The Office Manager or delegated official is responsible for notifying the supervisors of employees and others, such as independent contractors, who through reassignment or otherwise no longer need the level of access that they had so that their level of access can be adjusted.
- Any other data user who becomes aware that a data user is leaving the covered entity either permanently or for an extended or unexplained absence should report the matter to the office manager or delegated official for a determination of whether to revoke/suspend that person's access.

- Employees and others who are terminated may expect to have their data access immediately terminated and not to receive any final pay due until the termination of access procedure is properly completed.
- Upon termination of an employee or other person with access, the office manager or delegated official will immediately take the following actions:
 - Revoke access privileges, such as user IDs and passwords, to system and data resources and secure areas.
 - Retrieve all hardware, software, data and documentation issued to or otherwise in the possession of the data user.
 - Arrange for an exit briefing to verify retrieval of all items, to discuss any security/confidentiality concerns with the data user, and to remind the data user of the continuing need to protect data security and patient confidentiality.
 - Keep records of the termination procedure for reach such person, including the retrieval of security-related items, such as badges, passwords, and information system assets, for not less than six years from the termination date.
- When necessary, the office manager or delegated official will arrange for security escort of terminated personnel from the covered entity and for an immediate audit of their accounts to detect any security or confidentiality threats or breaches.

Enforcement

All officers, agents and employees of Carolinas Dermatology Group, P.A. must adhere to this policy, and all supervisors are responsible for enforcing this policy. Carolinas Dermatology Group, P.A. will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to including termination of employment and criminal or professional sanctions in accordance with Carolinas Dermatology Group, P.A.'s medical information sanction policy and personnel rules and regulations.

Signature of User

Date

Title of User

Printed Name of User

Witness

Printed Name of Witness

Exit/Termination Procedure Check list

Date of Exit/Termination: _____

Name of Employee: _____

List of keys that were given back:

Allscripts access terminated _____ Initials when done

Caretracker access terminated _____ Initials when done

SRS access terminated _____ Initials when done

Email access terminated _____ Initials when done

Building passcodes deleted _____ Initials when done

Insurance termination _____ Initials when done

Ironlogix notified _____ Initials when done

Employee's Signature *if applicable

Date

Manager's Signature

Date

Policy and Procedure Authorization of Employment

Each employee is required to fill out an I-9, Employment Eligibility Verification form. This form requires a copy of a valid driver's license and a valid social security card. Carolinas Dermatology Group is required to verify the employee within two (2) business working days. Our office is required to visit the website <http://e-verify.uscis.gov/emp>. Once the employee has been verified to work in the United States, all documentation is put together and filed in an I-9 folder for the employee.

Date: /Chartbindate

Lname, Fname



S

a r e d i D



- 3 *

DOB /DOBSex: /Sex

Full Name: _____ Sex: Male Female Marital Status: S M D W

Date Of Birth: _____ Social Security #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell Phone #: _____ Work Phone #: _____

Primary number for appointment reminders/communication #: _____

Emergency Contact: _____ #: _____

Employer Name: _____ Employer Phone #: _____

Employer Address _____ City: _____ State: _____ Zip: _____



CHECK HERE TO DECLINE ANSWERING THE FOLLOWING 3 QUESTIONS

1) My preferred language is:

- A. English
B. Spanish
C. Other _____

2) My race is: (please circle one answer)

- A. American Indian/Alaskan Native
B. Asian
C. Black or African American
D. Native Hawaiian or Pacific Islander
E. White/Caucasian
F. Other _____

3) My Ethnicity is: (please circle one answer)

- A. Hispanic or Latino
B. Not Hispanic or Latino

(Information About Your Parent/Spouse)

Parent/Spouse's Full Name: _____ Parent Phone Number: _____

Parent's Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance To File

Insurance Co. Name: _____ Relationship to Patient: _____

Insured's DOB: _____ Insured's Social Security # _____

Insurance Card ID #: _____ Group #: _____

Insured's Address (if different from patient): _____

Secondary Insurance To File

Insurance Co. Name: _____ Relationship to Patient: _____

Insurance Card ID #: _____ Group #: _____

Insured's DOB: _____ Insured's Social Security # _____

I understand that payment is due at the time service is rendered. I hereby authorize the release of any medical information to (1) an insurance company through which I claim benefits and (2) any physician involved in my medical care. I realize this authorization allows Carolinas Dermatology Group, PA to release any information to any of my insurers or physicians as requested by any such insurer or physician.

I HEREBY ASSIGN ALL MEDICAL BENEFITS TO WHICH I AM ENTITLED INCLUDING MEDICARE, PRIVATE INSURANCE, GROUP POLICY BENEFITS AND OTHER HEALTH PLANS TO CAROLINAS DERMATOLOGY GROUP, PA. IF MY INSURANCE REQUIRES A REFERRAL OR PREAUTHORIZATION, IT IS MY RESPONSIBILITY TO OBTAIN THAT. I HEREBY AGREE TO PAY ALL COSTS AND REASONABLE FEES IN THE EVENT THIS ACCOUNT IS TURNED OVER TO A COLLECTION AGENCY.

You agree that the information provided is true, accurate, current and complete contact information about yourself and your health insurer. You agree that it is your responsibility to maintain the accuracy of your information and your health insurers' information. You understand that false information is subject to a criminal penalty under law, and that you are responsible for all and any information provided.

Cancellation/ No Show Policy

We understand that there are times when you must miss an appt due to emergencies or obligations for work or family. However, when you do not call to cancel an appt, you may be preventing another patient from getting much needed treatment. If an appt is not cancelled at least 24 hours in advance you may be charged a \$25 fee; this will not be covered by your insurance company.

Signature: _____ Date: _____

Responsible Party's Signature (if different): _____ Responsible Party's DOB: _____

Record on Appeal 0454

Date: /Chartbindate

Lname, Fname Health Questionnaire



Family History (primary relative)

Non-Melanoma Skin Cancer	☐ Y ☐ N
Melanoma	☐ Y ☐ N
Rheumatoid arthritis	☐ Y ☐ N
Lupus or other collagen vascular disease(s)	☐ Y ☐ N
Psoriasis	☐ Y ☐ N
Other genetic disease(s)	☐ Y ☐ N

Medical History

Do you have any of the conditions?

AIDS/HIV	☐ Y ☐ N	Glaucoma	☐ Y ☐ N
Bleeding disorder	☐ Y ☐ N	Anemia	☐ Y ☐ N
Heart condition(s) or murmurs	☐ Y ☐ N	Diabetes	☐ Y ☐ N
Hepatitis B/Hepatitis C/cirrhosis	☐ Y ☐ N	Thyroid disorder	☐ Y ☐ N
Keloid abnormal scar	☐ Y ☐ N	Asthma	☐ Y ☐ N
Pacemaker	☐ Y ☐ N	Defibrillator	☐ Y ☐ N
Currently pregnant or Breast feeding	☐ Y ☐ N	Tanning bed use	☐ Y ☐ N
Joint replacement in past 2 years	☐ Y ☐ N	Hypertension	☐ Y ☐ N
Lupus or other collagen vascular disease(s)	☐ Y ☐ N	Rheumatoid arthritis	☐ Y ☐ N
Non-melanoma skin cancers	☐ Y ☐ N		
Melanoma (If yes, location & depth): _____			☐ Y ☐ N
Other Conditions: _____			☐ Y ☐ N

Email Address: _____

Pharmacy _____ Pharmacy Phone#: _____

Pharmacy Address: _____

Referring physician _____ Primary Care Physician _____

Do you live in a Skilled Nursing Facility? If yes, name of Facility _____

Have you had a flu shot this flu season? ☐Y☐N If yes, please indicate where: ☐ doctors office ☐ work ☐ hospital ☐ during surgery

History of pneumococcal vaccination within past 5 years? ☐Y☐N

Smoking status: ☐Current smoker ☐Former smoker ☐Non-smoker If yes, Date began smoking _____ Date quit smoking _____

Are you allergic to any medication(s)/food material? ☐Y☐N If yes, check/list ☐ PCN ☐ Codeine ☐ Other: _____

Please list all Current Medications (including all OTC meds): _____

Do you take Aspirin/Motrin: ☐Y☐N If yes, Dosage: _____

Signature of Patient or Personal Representative: _____ Date: _____

Physician Signature: _____ Date: _____

Date: /Chartbindate

Lname, Fname



* / S

a r e d I D



- 3 *

DOB /DOB

Authorization Regarding Payment and Release of Medical Information

I hereby authorize and request the payment of services from Medicare, Medicaid and/or other insurance plans or payers be made on my behalf to Carolinas Dermatology Group, PA. I hereby assign to Carolinas Dermatology Group, PA all payments for treatment services. I understand and agree that I am responsible for paying any amount not covered by Medicare, Medicaid and/or other insurance plans or payers.

I hereby authorize the release of medical information to Medicare, Medicaid and/or insurance plans or other payers. I also authorize the release of medical information to other healthcare providers including, but not limited to, my primary care or family physician, consulting physicians or healthcare providers, hospitals, pharmacies, rehabilitation centers or other healthcare providers or facilities. I permit a copy of this authorization to be used.

Printed Patient/Representative's Name: _____

Relationship to Patient: _____

Patient/Representative's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Authorization to Release Medical Information

I understand that my medical records are protected under State and Federal confidentiality regulations. If our staff calls to discuss your care or leave a test result, are there members of your household that we can discuss your medical information with? ☐ Yes ☐ No

If yes, please specify:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Check each entity that you approve to receive information:

☐ Voicemail ☐ Results of lab tests/Pathology results (detailed) ☐ Other: _____

This authorization expires in: ☐ 6 months ☐ 1 year ☐ other (must specify): _____

Patient/Responsible Party Signature

Date

Date: /Chartbindate

Lname, Fname



* / S

a r e d I D



- 3 *

DOB /DOB

Revised October 2014

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 CAREFULLY.

www.carolinasdermatology.com

At Carolinas Dermatology Group, P.A., we are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. **If you wish to have a copy of this notice, please notify the front desk.**

Uses and Disclosures of Protected Health Information

- Health professionals who contribute to your care
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Billing companies
- Collection agencies

We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. (Treatment, Payment and Operation)

Uses and Disclosures that require written authorizations

- Marketing
- Disclosure for any sales purposes
- Psychotherapy notes
- Physicians not related to TPO

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

We may use and disclose your PHI in other situations without your permission: **We DO NOT participate in without your consent*

- If required by law
- Public health activities*
- Health oversight agencies*
- Police or other law enforcement purposes
- Health Information Exchange*
- Legal Guardians/Representatives
- Coroners, funeral directors
- Special government purposes
- Correctional institutions
- Workers' Compensation*
- Fundraising Activities*
- Family members present with you at the time of service*
- Business Associates*
- Medical research*
- Treatment alternatives*
- Legal proceedings
- Appointment reminders

Your Privacy Rights

- Request an amendment of your health information
- Request for us to communicate in different way or location
- To receive notification of any breach of your PHI
- Obtain a list of people/organizations who have received your PHI from us.
- To see and obtain a copy of your PHI.
- Request a restriction of your PHI.

All requests to exercise your rights must be made in writing, please contact our Security and Privacy officer for details on how to complete that request, (803) 771-7506.

For More Information or to Report a Problem

If you think we have violated your rights, or you need more information about our privacy practices you can contact our Security and Privacy officer at (803) 771-7506 or you can contact the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below:

Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Ave, S.W. Room 509F, HHH Building Washington, D.C. 20201

Acknowledgement of Carolinas Dermatology Group, P.A. Notice of Privacy Practices

Patient/Responsible Party Signature

Date

Date: Chartbindate

Name: Lname, Fname



S a r e d I D



- 3 *

DOB/DOB

Sex: /Sex

CAROLINAS DERMATOLOGY GROUP, P.A.

Abscess	682.x	HIV / AIDS	042	Post-Herp Neuralgia	053.19
Abrasion	919.0	Hyperhidrosis	705.21	Post-inflam Hyperpig	709.00
Acanthosis Nigricans	701.2	Hyper / hypopigmentation	709.09	Prurigo Nodularis	698.3
Acne, cystic, vulgaris	706.1	Hyperkeratosis	701.1	Pruritus ani	698.0
Acne Keloidalis Nuchae	706.1	Hypertrichosis, congenital	757.4	Pruritus NOS	698.9
Acrocordon	701.9	Hypertrichosis NOS	704.1	Pregnancy	633.00
Actinic Keratosis	702.0	Ichthiosis	701.1	Pseudofolliculitis Barbae	704.8
Actinic Cheilitis	692.72	Impetigo	684	Psoriasis	696.1
Actinic Dermatitis	692.70	Insect Bite w/o infection	919.4	Psoriatic Arthropathy	696.0
Actinic Purpura	287.2	Insect Bite w/ infection	919.5	PUPPS	646.83
Alopecia Areata	704.01	Intertrigo	695.89	Purpura NOS	287.2
Alopecia, androgenic	704.00	Jaundice	782.4	Purpura, allergic	287.0
Alopecia, pathologic	704.09	Keloid and Hypertrophic, scar	701.4	Purpura, annularis telangiectodes	709.1
Angioma, skin	228.01	Keratosis Pilaris	757.39	Pyoderma Gangrenosum	686.01
Arthropod Assault / Venomous	989.5	Lentigo, Solar	709.09	Pyogenic Granuloma	686.1
Atrophy Blanche	701.3	Lichen Planus	697.0	Radiation Dermatitis	692.82
Atrophoderma	701.9	Lichen Sclerosus et atrophicus	701.0	Rash, nonspecific skin eruption	782.1
Behcet's syndrome	136.1	Lichen Simplex Chronicus	698.3	Rheumatoid Arthritis	714.0
Blister w/o infection	919.x	Lipoma, face	214.0	Rhinophyma	695.3
Brachioradialis Pruritus	306.3	Lipoma, other	214.1	Rosacea	695.3
Bullous Pemphigoid	694.5	Lupus, discoid	695.4	Sarcoidosis	135
Bullous dz, unspc.	694.9	Lupus, systemic	710.0	Scabies	133.0
Candidiasis, skin or nail	112.3	Mastocytoma	238.5	Scar conditions	709.2
Cellulitis	682.x	Medication, high risk	v58.69	Scarring alopecia	704.09
Cheilitis, lip	528.5	Medication, prolog steroid	v58.65	Schaumburg disease	709.09
Condyloma Acuminata, genital warts NOS	078.11	Melasma	709.09	Scleroderma	710.1
Conjunctivitis (code underlying dis, primary)	372.30	Miliaria Crystallina	705.1	Sebacous hyperplasia	706.9
Corn, callus	700	Molluscum Contagiosum	078.0	Seborrheic Dermatitis	690.10
Cutan. Larvae Migrants	126.9	Morphea	701.0	SebK, asymptomatic	702.19
Cyst, sebaceous, inclusion, milia, pilar	706.2	Mycosis Fungoides	202.10	SebK, inflamed	702.11
Darriers	757.39	Nail Disease		Solar Damage, Acute	692.72
Dermatitis		Ingrowing Nail w/infection	703.0	Solar Damage, Chronic	692.74
Actinic	692.70	Nail Disease NOS	703.9	Striae	701.3
Atopic / Eczema	691.8	Onychodystrophy	703.8	Sun Burn, 1st degree	692.71
Chemical	692.4	Onycholysis	703.8	Sun Burn, 2nd degree	692.76
Contact / Hand / Nummular	692.9	Onychomycosis	110.1	Sun Damage	692.79
Cosmetic	692.81	Necrobiosis Lipoidica		Suture Granuloma	988.89
Drug	693.0	Diabeticorum	250.80 [709.3]	Tattoo, traumatic	709.09
Eyelid	373.31	Neoplasm, benign, skin		Telangiectasia, hereditary	448.0
Facilitia	698.4	Lip	216.0	Telangiectasia, spider	448.1
Hand	692.9	Eyelid	216.1	Telangiectasia, unspecified	448.9
Herpetiformis	694.0	Ear	216.2	Tinea Capitis	110.0
Nickle	692.83	Face	216.3	Tinea Corporis	110.5
Dermatitis, NOS, unspecified cause	692.9	Gntl, female	221.x	Tinea Cruris	110.3
Perioral	695.3	Gntl, male	222.x	Tinea Pedis	110.4
Rhus	692.6	Neck & Scalp	216.4	Tinea Versicolor	111.0
Seborrheic	690.10	Trunk	216.5	Ulcer, decubitus, wound	707.xx
Solvent	692.2	Upper Extremity	216.6	Ulcer, Pressure	
Stasis	454.1	Lower Extremity	216.7	Stage I	707.21
Dermatofibroma	216.9	Other	216.8	Stage II	707.22
Dermatographia	708.3	Neoplasm, malignant		Stage III	707.23
Dermatomyositis	710.3	mm		Stage IV	707.24
Dermatosis Papulosa Nigricans	709.8	Lip	172.0 232.0 173.0	Ulcer, Stasis, Varicose	454.0
Diabetes type II	250.00	Eye	172.1 232.1 173.1	Ulcer, Stasis, Without Varicose	459.81
Diaphoresis	780.8	Ear	172.2 232.2 173.2	Urticaria, allergic	708.0
Drug Eruption	693.0	Face	172.3 232.3 173.3	Urticaria, chronic	708.8
DSAP	692.75	Gntl, female specify site and type		Urticaria NOS	708.9
Dyshidrosis	705.81	Gntl, male specify site and type		Varicella	052.9
Ecchymoses	782.7	NkSc	172.4 232.4 173.4	Varicose Veins	454.9
Edema	782.3	Trunk	172.5 232.5 173.5	Vasculitis	447.6
Erosio Interdig. Blastomyc.	112.3	UpExt	172.6 232.6 173.6	Venous Lake	456.0
Erythema Multiforme, major	695.12	LwExt	172.7 232.7 173.7	Verruca, plana	078.19
Erythema Multiforme, minor	695.11	Other	172.8 232.8 173.8	Verruca, plantar	078.12
Erythema Multiforme, other	695.19	Neoplasm, unkn behavior	238.2	Verruca, venereal	078.19
Erythema Multiforme, unspc.	695.10	Neurodermatitis	691.8	Verruca Vulgaris	078.10
Erythema Nodosum	695.2	Neurofibroma	215.9	Vitiligo	709.01
Erythrasma	039.0	Neurotic Excoriations	698.4	Xanthelasma	272.2
Exanthem, nonspecific	782.1	Nevus Araneus	448.1	Xerosis	706.8
Exanthem, viral	057.9	Notalgia Paresthetica	782.0		
Excoriations	919.x	Overweight	278.02	Medicare E- Prescribing Codes	
Folliculitis	704.8	PCT	277.1	Used e-prescribing	G8553
Ganglion cyst	727.43	Parapsoriasis	696.2		
Granuloma Annulare	695.89	Paronychia, finger	681.02	History of Melanoma	V10.82
Grover's Disease	701.8	Paronychia, toe	681.11		
Hailey Hailey	757.39	Pediculosis, head	132.0		
Hair shaft abnormality	704.2	Pemphigus Vulgaris	694.4		
Hemangioma, skin	228.01	Petechiae	782.7		
Hematoma, surgical	998.12	Perleche	686.8		
Hematoma, traumatic	920.x	Photoallergic/toxic	692.72		
Herpes simplex	054.9	Photodamage tanning bed	692.82		
Herpes Zoster	053.9	Pitting Edema	782.3		
Hidradenitis Suppurativa	705.83	Pityriasis Alba	696.5		
Hirsutism	704.1	Pityriasis Rosea	696.3		
History of		Pityriasis Rubra Pilaris	696.4		
Family malignant neoplasm	V16.8	PLEVA	696.2		
Personal skin cancer	V10.83	Poikiloderma of Cvt	709.09		
Personal unspecified malignant neoplasm	V10.90	Port Wine Stain	757.32		
Dysplastic nevus	216.8	Porokeratosis	757.39		

compusys/P0294-1 9/24/2010 Continuous

Physician Signature: -----

Mark G. Blaskis, MD

Lori Mauldin, P.A.C

Record on Appeal 0458

Date: /Chartbindate



Name: Lname, Fname

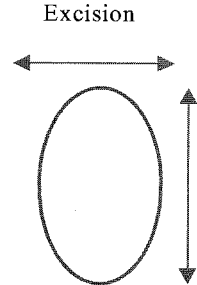
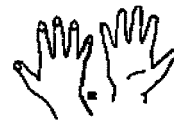
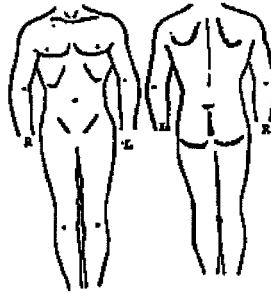
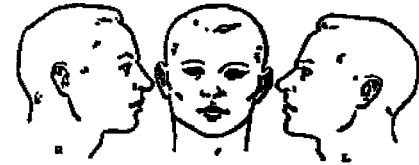
Procedure Form

S a r e d I D - 1 *

Phone: /Phone SSN: /SSNO

DOB /DOB

Sex: /Sex



Please label orientation
Suture/tag

X indicate liquid nitrogen treatment

Special instruction:

Side effect of the procedure has been explained and accepted by the patient.

Physician Signature: ----- Mark G. Blaskis, MD

----- Lori Mauldin, P.A.C

Tissue Source	Clinical	Procedure*	lesion Size
I		B E Cu S-Re	
II		B E Cu S-Re	
III		B E Cu S-Re	
IV		B E Cu S-Re	
V		B E Cu S-Re	
VI		B E Cu S-Re	

* B= biopsy E=excision Cu= curettage S-Ex: Shave Removal (113xx)

Date: /Chartbindate

Name: **Lname, Fname**



S a r e d I D



DOB /DOB

Sex: /Sex

OPERATIVE PROCEDURE: Biopsy

My signature on this paper is my consent to have the operative procedure above performed. I understand that this is a surgical procedure, which may be performed under local anesthesia, most likely xylocaine and epinephrine. I have previously not been allergic to these agents. I realize that this procedure will be an operation, done with a surgical instrument, which will be used to remove tissue. It may also be necessary to remove a small area of tissue that is not diseased. In doing so, a scar will be formed.

I give permission to my doctor to do this operation in the manner which he considers to be the best for me. He has my permission to make the best possible cosmetic treatment. However, I understand that I am consenting to the treatment of a disease and that the final scar result is secondary to the curing of this disease. I also understand that there is no contract between myself and the doctor that a definite cure will take place, as even with the best methods and in the best hands, occasionally these diseases will recur.

I also understand that in the case of most operative procedures in most instances, no complications take place, but there is a possibility of complications in all procedures. These include infections of the wound, unexpected bleeding, reactions to anesthesia, and forming a thick or otherwise objectionable scar. I release the doctor from any responsibility that takes place as a natural complication of the procedure. I also realize that during the post-operative period, I must be responsible to my doctor to return when he tells me to. I realize that he will have warned me of signs of infections and bleeding and that if I have any doubt, I am to contact him, and if any difficulty takes place, I am to find him so that he can correct it if possible. I further promise to return for follow-up visits as directed by the doctor.

X

Patient's Signature (Parent or Guardian if a Minor)

X

Physician's Signature

Date: /Chartbindate

Name: **Lname, Fname** Surgery Consent Form  S a r e d I D  DOB /DOB Sex: /Sex
★ / - 7 ★

1, **Lname, Fname**, I request and authorize Dr. Blaskis and/or assistants to treat the condition(s) which are indicated, namely _____.

2. EXPLANATION: The procedures deemed necessary to diagnose and/or treat my condition(s) have been explained to me by my physician. I understand the nature of the procedure and authorize the performance of **Mohs Micrographic Surgery** and (if applicable) procedures to repair resultant defect(s).

3. RISKS: I have been informed and fully understand that there are certain risks associated with the above described procedures and these include the following:

--- Bleeding
--- Infection
--- Scarring
--- Nerve damage
--- Incomplete removal
--- Recurrence
--- Pain

4. ANESTHETIC: I have been informed that local anesthetics will be administered prior to the above described procedures and consent to their use. I understand that the risks following injection of a local anesthetic include a remote possibility of an allergic reaction to the agents used. I also understand that there is a possibility of rapid heart rate, heart palpitations or chest pain from the agents used.

5. NO GUARANTEE: I understand that I have been informed that no guarantee or promises have been made as to the success of the procedures performed.

6. PHOTOGRAPHY: I consent to the photographing of my skin lesion(s) and/or any tissue(s) removed before, during and/or immediately after the operation and on subsequent office visits. I understand that these photographs may be used for medical, scientific research or educational purposes and may be published in professional journals or medical books. Although I may be identifiable in these pictures, my name will not be attached. Furthermore, I expect no compensation for these photographs and waive all rights to any claims for payment or royalties. I also release Dr. Blaskis from any liability in connection with the use of such photographs.

Patient to Signature (or Patient's guardian if minor)

Date

Witness to Signature

Physician Signature

Carolinas Dermatology Group

Job Description

Job Title: Practice Administrator

Department: Administration

Immediate Supervisor: President

Job Supervisory Responsibilities: All management staff

General Summary: A management position responsible for managing the financial and project operations of the office

Essential Job Responsibilities:

- Oversees all financials of the office, including but not limited to, the Insurance and Billing department
- Responsible for managing the completion of month and year end reports, and physician financial reports
- Responsible for managing the Accounts payable department, and overseeing all financial purchases
- Work directly with the Accountant on all employee financials, including payroll deductions, payroll management, physician payroll deductions and management
- Oversee all project management of the office, including but not limited to, construction, additions or deletions
- Manage the Office Manager and Billing Manager
- Attend physician bi-weekly meetings for review of financials and/or projects

Experience: Minimum three years of administrative experience, including one year of management experience in health care

Other requirements: No

Performance Requirements:

Knowledge:

- Knowledge of medical practices, terminology, and financial policies

Skills:

- Skill in planning, organizing, delegating, and supervising
- Skill in evaluating the effectiveness of existing methods and procedures
- Skill in problem solving
- Skill in verbal and written communication

Abilities:

- Ability to read and interpret policies and procedures
- Ability to set priorities among multiple requests
- Ability to interact with patients, medical and administrative staff, and the public effectively

Equipment operated: Standard office equipment including computers, fax machines, copiers, printers, telephones, etc.

Work environment: Position is in a well-lighted office environment

Mental/Physical Requirements: Involves sitting approximately 90% of the day, walking or standing the remainder

Carolinas Dermatology Group

Job Description

Job Title: Office Manager

Department: Administration

Immediate Supervisor: Practice Manager

Job Supervisory Responsibilities: All support staff

General Summary: A management position responsible for managing the daily operations of the office

Essential Job Responsibilities:

- Oversees daily office operations and delegates authority to assigned personnel
- Assists the practice manager in developing and implementing short and long term work plans and objectives for clerical functions
- Understands clinic policies and procedures
- Develops guidelines for prioritizing work activities, evaluating effectiveness, and modifying activities as necessary. Ensures that office is staffed appropriately
- Responsible for recruiting, hiring, orientation, development, and evaluation of clerical staff (involved with clinical staff as well, assisting the physician)
- Establishes and maintains an efficient and responsive patient flow system
- Oversees and approves office supply inventory
- Ensures that mail is opened and processed
- Ensures that offices are opened and closed according to procedures
- Supports and upholds established policies, procedures, objectives, quality improvement, safety, environmental and infection control, and codes and requirements of accreditation of regulatory agencies
- Ensures that the office and employees are following all HIPAA and OSHA guidelines
- Responsible for all returned/NSF checks, and the proper steps to ensure payment
- Managing staff members, time off requests, employees working in accordance to their specific job duties, maintaining a professional manner, and that all jobs are being performed
- Responsible for all physician credentialing and re-credentialing of all insurance contracts, licenses and necessary documentation
- Maintaining office and/or provider insurance contracts and relationship
- Troubleshooting all office complaints
- Handling any potential harmful situations with employees and patients

- Responsible for all incoming patient cancer and/or FMLA policies
- Responsible for all outgoing collections, sending delinquent accounts to an outside collection agency (once the collection department has exhausted all resources to collect balances)
- Maintain any discharged patient
- Handling all incoming bankruptcy paperwork for patient accounts
- Maintain relationship with office vendors

Experience: Minimum three years of administrative experience, including one year of management experience in health care

Other requirements: No

Performance Requirements:

Knowledge:

- Knowledge of medical practices, terminology, and reimbursement policies

Skills:

- Skill in planning, organizing, delegating, and supervising
- Skill in evaluating the effectiveness of existing methods and procedures
- Skill in problem solving
- Skill in verbal and written communication

Abilities:

- Ability to read, interpret, and apply policies and procedures
- Ability to set priorities among multiple requests
- Ability to interact with patients, medical and administrative staff, and the public effectively

Equipment operated: Standard office equipment including computers, fax machines, copiers, printers, telephones, etc.

Work environment: Position is in a well-lighted office environment

Mental/Physical Requirements: Involves sitting approximately 90% of the day, walking or standing the remainder

Job Description: Front desk staff/Check-in (*Non-exempt)

All check-in employees are responsible for front desk, check-in care of all in-coming patients. Check-in employees work under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Office Manager.

Front desk/check-in duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary – overtime may be required)
- Must be able to sit 65% of each work day
- Must be able to lift 10lbs 10% of a work week
- Responsible for printing each doctor's schedule, for themselves and the nursing staff, daily
- Placing completed patient charts in doctor's slots for nursing staff to obtain, and managing an effective time in which the charts are put up, in the order in which the patient has arrived (appointment time applicable and must be taken in consideration)
- Must know the color-coordination of each doctor, for patient charting
- Must check for authorizations, needed primarily for Blue Choice (ZCC prefix) and Tricare prime insurances, daily on all patients with present and upcoming appointments
- Checking insurance eligibility in the practice management system, this is done a 30 day increment and Medicare patients are the first of each month, on patients with present and upcoming appointments
- Calling insurance companies to verify coverage, if not available in the practice management system
- Responsible for obtaining knowledge of ICD/CPT codes for proper billing and insurance inquiries
- Verifying outstanding balances on any patient account, and when applicable, communicating the outstanding balance with the patient(s) or making sure proper documentation of outstanding balance is on encounter form for the check-out staff
- Recognizing discharged patients, and communicating this information with manager in charge for further review before the patient is checked-in
- Having all Tricare prime and standard patients sign an OHI form, if they are not the Tricare sponsor

- Obtaining \$150(regular dermatology appointments) or \$250(surgery appointments) for all self-pay patients, prior to checking the patient in
- Reviewing any financial notes/documentation on patients, to make sure if any specific limitations apply
- Managing yearly updates for established patients, that may need to be done, and obtaining proper identification/insurance cards on all patients (when applicable), for scanning into SRS
- Maintaining knowledge of each doctor's policies on, patient tardiness, no shows, cancelled appointment(s), etc.
- Responsible for documenting all patient no show and cancelled appointments
- Responsible for documenting all patient inquiries
- Entering pharmacy information, patient ethnicities and patient email addresses into SRS for meaningful use purposes
- Take care of any patient that walks-in the office, and communicating with the proper staff member who may needs to continue care with the patient
- Non-patient related inquires at the front desk staff must be handled in a professional, mature manner and all cases should be given to your direct supervisor for continued handling (this ensures that the correct staff member is communicated with)
- Schedule patient appointment(s)
- Process any medication sample request and retrieve proper samples from medical assisting staff members
- Communicate with Medical Records Librarian, and check medical records folder for pending records
- Responsible for obtaining knowledge about cosmetic products for patient questions and sales

***Hourly paid employees**

Job Description: Front desk/Check-out (*Non-exempt)

Check-out employees are responsible for front desk, check-out care of all out-going patients. Check-out employees work under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Office Manager.

Front desk/check-out duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary – overtime may be required)
- Must be able to sit 65% of each work day
- Must be able to lift 10lbs 10% of a work week
- Weekly schedule for each employee check-out for late arrival, early arrival, late dismissal and early dismissal (this is provided to you by the front desk supervisor)
- Responsible for making sure all encounter forms (of the patients you have personally checked-out) have diagnosis codes, physician signatures and are accounted for
- Make sure you have marked all patients you have checked-out as being “checked-out” in the Practice Management system
- Responsible for making sure that once you have processed all your encounter forms and balancing paperwork, it is organized, neat and ready for the billing department to process
- Must check-out any patient that comes to your station, and process all steps of check-out properly and efficiently
- Collect all forms of payment that is due from the patient, co-pays, deductibles, co-insurances and balances that are due
- Must check for older balances that a patient owes, in the current Practice management system and any older systems that may have balances
- Schedule any appointments, as applicable, based on the proposed scheduling template
- Must follow policy and procedure of all scheduling template for each physician, and if appointment is not available for the physician in reference, forward to the nurses station for further assistance
- Responsible for obtaining knowledge of all cosmetic products and procedures for questions and sales
- Must print out a patient care summary; for every patient you have personally checked-out, through SRS, after you have keyed all office visit codes and no charges from your encounter form

- Responsible for balancing all money, must follow policy and procedure of how to balance properly
- Mas 90 must be balanced and closed out first, must go through all encounter forms and remove any cosmetic related (including products) payment

***Hourly paid employees**

Job Description: Insurance Verification

(*Non-exempt)

Employees who work in the insurance verification department are responsible for all scheduled appointments and scheduled surgery appointments, insurance verification. Employees work under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Office Manager.

Insurance verification duties may include but are limited to: (employees may be given specific tasks by the Office Manager and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 745am to 430pm Mon-Thurs; 745am to 1230pm Fri (Occasionally asked to work passed scheduled time –circumstances vary) (Each employee may have assigned working hours approved by management)
- Must be able to sit for 85% of the work day
- Must be able to lift 10lbs 10% of the work week
- May be asked to perform other duties, by helping out other departments when needed
- Responsible for all verification of insurance eligibility, deductible and co-insurance information and any information that is directly related to the patient's scheduled appointment
- Each employee in the insurance verification is assigned specific physicians in our group that the employee is solely responsible for making sure encounter forms are worked and insurance is verified prior to the patient's scheduled appointment
- Encounter forms should be worked 3-5 days prior to the scheduled appointment, giving ample time for any insurance information to be taken care of prior to the appointment
- Each employee is responsible for their assigned doctor's patient's insurance authorizations and making sure the authorization information is keyed in the system prior to the scheduled appointment
- Surgery encounter forms should be worked 1-2 weeks prior to the scheduled appointment, to ensure that all proper authorizations are taken care of prior to surgery
- Calling insurance companies to verify a patient's insurance eligibility, deductible and co-insurance information and any information that is directly related to the patient's scheduled appointment

- Each employee is required to use each insurance payer's website to verify insurance information, payerpath is a tool provided to us by our PM system, however the best and most accurate way to verify insurance benefits is to use the payer's websites
- Answering any questions or calling insurance companies when their assigned physicians group needs verification on insurances (i.e. same day scheduled surgeries or procedures, last minute appointments, etc.)
- Documenting all important and necessary information in a patient's account regarding any insurance verifications, making sure staff members are aware of any information necessary to the patient's scheduled appointment
- Documentation of insurance verification should be written in red on the front of the encounter form
- Making any necessary changes to a patient's insurance in the patient management system
- Calling patients to verify any insurance information prior to the patient's scheduled appointment
- Once encounter forms are worked and finished, responsible for placing encounter forms on printed paperwork and paper clipping them to the correct patient and making sure any additional paperwork is paper clipped with the patient's paperwork
- Answering any insurance verification incoming calls and troubleshooting questions
- Responsible for a working knowledge of accepted/non-accepted insurances, and staying up-to-date with any changes
- Each employee is responsible for their daily work, and making sure all work is finished prior to any scheduled time off and before leaving for the day
- Each employee may have specific daily duties that are required, but not specific to the Insurance Verification department, which can be found in their specific Job description which is applicable to the individual employee

***Hourly paid employees**

Job Description: Insurance/Billing Supervisor (*Non-exempt)

The Insurance/Billing supervisor is responsible for all incoming and outgoing medical billing and supervises all employees in the insurance and billing department. The insurance/billing supervisor works under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Practice Administrator and/or the Office Manager.

Insurance and billing duties may include but are not limited to: (employees may be given specific tasks by the billing supervisor and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary – overtime may be required)
- Must be able to sit 85% of each work day
- Must be able to lift 10lbs 10% of each work week
- Supervise all insurance and billing duties that are required of the insurance/billing employees
- Responsible for the monthly “Month End” and yearly “Year End” reports and numbers
- Responsible for closing out each month, once all reporting systems have been properly balanced
- Handles any necessary insurance and billing discrepancies
- Must be able to jump into any portion of the insurance/billing department and help when needed
- Maintaining that all employees who are under the direct supervision of the insurance/billing supervisor are properly trained
- Organizing any necessary changes to help maintain an effective work flow for the office and employees of the insurance/billing department
- Work on any necessary reporting needed by the Practice Administrator and or Office Manager
- Working knowledge of the insurance and billing department
- Maintain employees of the insurance and billing department’s time off requests

***Hourly paid employee**

Job Description: Insurance/Billing (*Non-exempt)

Employees who work in the insurance and billing department are responsible for all incoming and outgoing medical billing. Employees work under the direct supervision of a Billing supervisor. Job description may change without notice under the discretion of the Office Manager.

Insurance and billing duties may include but are not limited to: (employees may be given specific tasks by the Office Manager and/or Billing Supervisor and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary – overtime may be required)
- Must be able to sit 85% of each work day
- Must be able to lift 10lbs 10% of each work week
- Review and prepare claims for electronic and hard copy billing submission
- Identifying and correcting billing errors and resubmitting claims to insurance carriers
- Providing review and remittance advice for payment errors, denials and under payments
- Maintaining required billing records, reports, files, etc.
- Post payments accurately to claims and make necessary adjustments to claims based on EOB's
- Work on aged receivables
- Any delinquent accounts, that have exhausted in-house collections, need to be given to employee who works all turning over accounts
- Call insurance companies regarding any discrepancy in payments if necessary
- Maintain strict confidentiality
- Update client systems with detailed and accurate notes
- Follow-up for claim status and resubmit denied claims
- Verify and post charge information in database
- Review insurance EOB's and initiate appeals as necessary
- Work refunds/refund report when needed (Insurance and/or patient)
- Receive credit card payments by phone, and document properly for front desk staff to run payment
- Responsible for all documentation when handling a patient(s) account

- Contact patient(s) when additional information is required for further insurance and billing inquiries, payments, etc.
- Assisting patient(s) with any insurance, billing and/or payment questions (answer phone calls, talking to patient(s) in the office, etc.)
- Key charges for all physicians in the office (Columbia and Florence) this may be limited to specific employees
- Key all insurance and patient payments daily, including applying unapplied money posted by the front desk staff (Columbia and Florence), this may be limited to specific employees
- Key and apply payments that come in the mail daily, this will include insurance and patient payments received (Columbia and Florence), this may be limited to specific employees
- Totaling charges and/or payments once finished with daily keying, responsible for balancing all payments and charges
- Responsible for transmitting and posting all payments and/or charges keyed, once they have been balanced, for the billing supervisor to obtain for daily and month end reports/balancing
- Responsible for verifying all appropriate signatures are obtained, correct diagnosis, and/or charges on all routers received for posting of charges
- Key and apply any zero's received from insurance companies, and documenting appropriate reason for non-payment received (deductible, co-insurance, etc.)
- Help write up daily mail receipt log (once processed from the front desk staff)
- Process and import pathology charges given from the pathology department
- Work any Medicaid reports for Pathologist's charges
- Responsible for communicating any incorrect keyed demographic and/or insurance information to their direct supervisor, so the incorrect information can be corrected by the person who made the mistake

***Hourly paid employees**

Job Description: Phone Room supervisor (*Non-exempt)

Phone room supervisor is responsible for managing the phone room and phone room employees, and works under the direct supervision of the office manager. Job description may change without notice under the discretion of the Office Manager.

Phone room supervisor's duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 745am to 430pm Mon-Thurs; 745am to 1230 Fri. (Occasionally asked to work passed scheduled time –circumstances vary)
- Must be able to sit for 85% of the work day
- Must be able to lift 10lbs 10% of the work day
- Responsible for making sure schedules for employee's week are created
 - Early arrival employee
 - Rotation schedule of employee who will check voicemails (see policy)
 - Rotation schedule of employee who will print out answering service messages
 - Rotation schedule of employee who will check faxes (see policy)
 - Lunch rotation schedule (see policy)
- Will help answer phones and stay in queue during busy and peak hours of the work day
- Responsible for maintenance of the “bumped” schedule, and making sure patient(s) who have had their appointment bumped (for various reasons) is rescheduled
- Responsible for maintenance of the call confirmation results for upcoming appointments
- Must manage employees by giving tasks to each employee daily (reschedule appointments, scan referrals, obtain authorizations, etc.)
- Responsible for creating and managing physician scheduling templates
 - Including maintenance of physician's weekly schedules
 - Responsible for making sure physician's daily schedules are full
- Continuing knowledge of updating policy and procedures for the phone room
- Training of all new employees
- Responsible for “doc blocks” and reviewing all time off requests from physicians (must review and meet standards of office policy for physician time off request)
- Manage phone room employee(s) time off requests
- Maintain and obtain physician on-call schedule
- Responsible for performing/scheduling iRemind

- Print out daily iRemind confirmation results and each phone room employee is responsible for calling any patients not confirmed by iRemind
- New patient paperwork for Dr. Blaskis and Dr. Quan
- Responsible for maintaining patient portal questions for the scheduling department
- Maintain online web requests
- Responsible for returned mail (statements)
 - Contact the patient to obtain a new/updated address, and document that the patient was contacted on the envelope.
 - If a new/updated address is obtained, make correction/changes in Allscripts
 - If unable to obtain a new/updated address, all returned statements to be given to Office Manager
- Maintain all changes (address/demographics) that the billing department provides
- Responsible for payments obtained over the phone
 - Will bring payments over to the check-out department
- Make sure any out-going mail is stamped and put in mail carrier (at the front desk)

***Hourly paid employee**

Job Description: Phone Room/Scheduler

(*Non-exempt)

Employees who work in the phone room are responsible for all incoming calls, Columbia and Florence physician schedules, and work under the direct supervision of a Phone Room Supervisor. Job description may change without notice under the discretion of the Office Manager.

Phone room duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 745am to 430pm Mon-Thurs; 745am to 1230pm Fri (Occasionally asked to work passed scheduled time –circumstances vary)
- Must be able to sit for 85% of the work day
- Must be able to lift 10lbs 10% of the work week
- Answering all phone call(s) received by their extension, and handling each call with a professional, structured manner
- Working phone queue system and staying in queue for proper placement of incoming calls, based on your daily work schedule
- Obtaining all proper patient information to fully schedule a patient appointment (see policy for details)
- Must obtain all information of the person who is calling, when calling another staff member for questions, including name, date of birth and reason for call, etc.
- Keying all patient information, including demographics and insurance information, into the Practice Management system(s)
- Responsible for verifying all patient information through key steps for HIPAA compliance for all patients
- Must obtain information on all physician's scheduling templates and the specifics of each physician's scheduling requirements
- Has to abide by all policies and procedures for scheduling patient appointments; and further assistance on scheduling a patient outside of the policy and procedure must be given to the nursing staff for the doctor in reference
- Transfer any calls that are for other staff members
- Paging employees or nursing groups, if phone call needs to be taken care of immediately
- Scan referral paperwork into patient(s) chart

- Obtaining insurance authorization information, as needed, for patient(s) upcoming appointment(s)
- Daily organization of fax folders, and attaching faxes to the correct department/staff member
- Checking voicemails for the phone room, documenting information down for further review, daily
- Transferring voicemails to appropriate department/staff members, if applicable
- Rescheduling and cancelling patient appointments when applicable
- Printing out doctor's schedule and daily schedule reports
- Rescheduling and moving patient's appointments when a physician changes their schedule or has to be out of the office
- Creating , printing out and mailing any schedule related letters to patient(s)
- Responsible for obtaining knowledge about insurance companies, insurances we take and do not take
- Responsible for obtaining knowledge about cosmetic procedures and products
- Take credit card payments over the phone for cosmetic procedures (see policy for restrictions)
- Responsible for taking messages, as needed, for staff members
- Must obtain knowledge about after hours answering service, on-call schedule (Columbia and Florence) and have access to on-call doctor's telephone information

***Hourly paid employees**

Job Description: Scanning/Medical Records (*Non-exempt)

Employees who work in the Scanning/Medical Records department are responsible for scanning of all documentation and outgoing Medical Records requests. Employees work under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Office Manager.

Scanning and Medical Records duties may include but are not limited to: (employees may be given specific tasks by the Office Manager and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri (Occasionally asked to work pass schedule time, circumstances vary –overtime may be required)
- Must be able to sit 85% of each work day
- Must be able to lift 10lbs 10% of each work week
- Responsible for scanning all patient documentation (including but not limited to) chart notes, surgery notes, patient demographics, physician dictation notes, etc
- Organizing and maintaining all scanned documents for at least 2 months, before properly destroying scanned documents by an outside shred company
- Responsible for all outgoing Medical Records requests made by patients, in-office providers, outside providers, etc.
- Must be able to call patients regarding any necessary requirements for all Medical Records requests
- Stay up-to-date with all HIPAA regulations for proper maintenance of Medical Records requests
- Responsible for working knowledge of the Laser schedule
- Working relationship with the Laser Technician
- Calling Laser patients when necessary, based on the next scheduled day, making sure patients have all necessary information (based on the type of laser they are having) prior to their appointment
- Working directly with the Laser Technician with working patients up correctly for procedure of the Laser
- Responsible for maintaining a working knowledge of the Laser schedule and when they are needed to work with the Laser Technician

***Hourly paid employees**

Job Description – LPNs and Medical Assistants (*Non-exempt)

LPNs and Medical Assistants are responsible for performing clinical duties and administrative duties under the direction of the physician and physician's assistant. Job description may change without notice under the discretion of the Office Manager. Each LPN and Medical Assistant is to follow the direction of their Physician and/or Physician Assistant, based on each individual provider.

LPN and Medical Assistant duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 745am to 430pm Mon-Thurs; 745 to 1230pm or until the last patient is seen (Occasionally asked to work pass schedule time, circumstances vary –overtime may be required)
- Must be able to stand/walk 85% of each work day
- Must be able to lift 10lbs of a week work

Administrative duties may include but are not limited to:

- Scheduling appointments
- Maintaining medical records
- Billing and coding for insurance purposes, if necessary
- Prior authorizations on medications
- Maintaining patient confidentiality with continued HIPAA compliance
- Checking voicemails and completing patient call backs
- Print out all faxes (for your assigned group) and completing faxes
- Help your assigned group with any patient paperwork

Clinical duties may include but are not limited to:

- Taking and recording vital signs and medical histories
- Charting patient visit as directed by physician/physician's assistant
- Drawing up medications for upcoming surgeries
- Numbing for procedures
- Assisting with surgeries/biopsies
- Counseling and educating patients
- Taking pictures when needed for biopsies, surgeries and/or cosmetic procedures

- Administering medications as directed by physician/physician's assistant.
- Maintaining safe and healthy work environment by following standards that comply with legal regulations established by OSHA
- Ordering and maintaining inventory and restocking patient rooms as needed (communicating with employee who orders supplies that may be needed)
- Cleaning patient rooms based on the daily OSHA cleaning log(s)
- Dirty instruments properly placed for cleaning process
- Help maintain a clean organized nurses station (based on an agreed schedule on which group stocks/cleans, etc.)
- Sterilizing medical instruments
- Performing lightbox duties, as needed

***Hourly paid employees**

Job Description: Instrument & Lightbox Medical Assistant

(*Non-exempt)

This job description is for employees who are responsible for lightbox patients, sterilization of instruments and daily central nurses station duties. Employees work under the direct supervision of the Office Manager. Job description may change without notice under the discretion of the Office Manager.

Duties may include but are limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 745am to 430pm Mon-Thurs; 745am to 1230pm Fri (Occasionally asked to work pass scheduled time, circumstances vary)
- Must be able to stand for 85% of the work day
- Must be able to lift 10-20lbs 10% of the work week
- May be asked to perform other duties, by helping out other departments when needed
- Responsible for all Lightbox patients that are scheduled each day, and responsible for keeping up with a printed schedule of the day-to-day patients for Lightbox
- Must maintain an organized and clean Lightbox room, responsible for cleaning the room after each patient has finished their treatment and before the next patient
- Must maintain all syringes for each physician group, and responsible for how each group will be monitored when more syringes are needed
- Responsible for cleaning and sterilization of all instruments, this includes pre-soak, scrubbing of instruments, packaging prior to sterilization process, processing all instruments in the auto-clave and proper documentation and storage of all sterilized instruments
- Maintain daily laundry for entire office, including going to each physician group and gathering all dirty laundry ready to be cleaned
- Responsible for organization of central nurses station, including unpacking supplies that is brought into the nurses station, keeping the nurses station clean and up to DHEC specification(s)
- Maintain daily temperature log for refrigerator in the central nurses station
- Responsible for organization, and maintenance of MOHs waiting room supplies. Which includes communication of when specific supplies needs to be order, and unpacking and putting away all MOHs waiting room supplies

- Filling in for other physician groups, when needed, for medical assisting
- Filling in for Lab/Pathology secretary, when needed

***Hourly paid employee**

Job Description: Lab Supervisor

The Lab supervisor oversees all laboratory employees, regulates policies and procedures (of the lab) and works under the direct supervision of the Lab Director.

Lab supervisor duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 4am to 2pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary –overtime may be required) these hours will vary based on the provider's schedules
- Must be able to sit 85% of each work day
- Must be able to lift 10-20lbs 10% of a work week
- Cutting of all MOHs surgeries
- Oversees all laboratory functions
- Maintains current policies and procedures for all laboratory functions
- Implements lab safety
- Updates lab Management Manual yearly or as policies change
- Accepts responsibility for maintenance and storage of all lab records and patient specimen slides, with in accordance to the law
- Co-monitor for OSHA compliance
- DHEC/CLIA

Job Description: Histotechnologist

Histotechnologists are responsible for performing laboratory duties under the direction of the Lab Director (a Lab supervisor is put in place for overseeing lab employees). Job description may change without notice under the discretion of the Office Manager.

Laboratory duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 4am to 2pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary –overtime may be required) these hours will vary based on the provider's schedules
- Must be able to sit 85% of each work day
- Must be able to lift 10-20lbs 10% of a work week
- Receive tissue specimens and enter into log book, etc.
- Process tissue for frozen or paraffin sectioning
- Section tissue, stain slides, cover slip and label slides
- Prepare MOHS lab daily prior to receiving tissue
- Log in all incoming consultation slides and prepare slides for Dr. Zhang
- Process extra tissue into paraffin block (embed) per Doctor's orders
- File all slides and tissue blocks
- Maintain order in laboratory and compliance to safety regulations
- Keep all QC/QA charts
- Review regulated manuals annually
- Orientation training of all new personnel to familiarize them of the lab
- Order laboratory supplies and maintain invoice/order records
- Receive laboratory supplies and appropriately store supplies
- Maintenance and monitoring of all laboratory equipment (i.e. arranging repair work, cleaning and/or general maintenance of equipment).

Job Description: Laboratory Secretary Assistant

(*Non-exempt)

Laboratory Secretary /Assistants are responsible for performing laboratory duties under the direction of the Lab Directory (a Lab supervisor is put in place for overseeing lab employees).

Laboratory duties may include but are not limited to: (employees may be given specific tasks by the Office Manager, and responsible for each duty assigned to them)

***Employee is responsible for making sure daily responsibilities are done in a timely fashion, and are completed before leaving for the day. Employee is responsible for prioritizing job responsibilities, and any task given that is not part of their required daily tasks, must be done once required daily tasks are completed**

- Hours of operation: 730am to 430pm Mon-Thurs; 730am to 1230pm Fri or until last patient is seen (Occasionally asked to work pass schedule time, circumstances vary – overtime may be required)
- Must be able to sit 85% of each work day
- Must be able to lift 10-20lbs 10% of a work week
- Organize and put pathology slides in order for Pathologist daily
- Print out labels and label each pathology slide daily
- Key in paperwork for biopsies into the pathology database, for the following business day
- Proof read all pathology reports given by Pathologist, for any errors, and correct any errors (that are applicable)
- Write up all biopsy cassettes and label biopsy bottles, for grossing of tissue, daily
- Responsible for grossing tissue in, that has been written up, daily
- Print out all finalized reports, okayed by Pathologist, and pass out to appropriate departments, daily
- Process all slide/block requests from outside offices, and process in-house request for outside slides/blocks for all physicians
- Responsible for logging all blocks that have been sent out, to ensure blocks are returned
- Scan all biopsy paperwork, and input into patient's chart(s)
- Key in patient demographics and billing information, into the practice management system for all outside biopsies, we have received
- Pick up any requested biopsies from outside doctor's office(s)
- File all processed slides
- Send out blocks for special stains
- Responsible for cancer registry for DHEC

***Hourly paid employees**

Policy and Procedure Processing Medical Records Requests

Carolinas Dermatology follows all HIPAA rules and regulations when submitting any Medical Records requests, we require a signed authorization from the patient before sending out Medical Records. Each request may vary in requirements; each request should be verified and reviewed prior to processing.

Patient requests

- Patient requests must be signed by the patient and filled out in full
- Date specific requests expire once the request has been processed, even if the patient has checked 'until I revoke..' Date specific requests cannot be used again for any future requests
- Patients who do not check a 'valid to' box, the form expires in one (1) full year from the date the release was signed (unless it is date specific)
- If a patient is under the age of 18 yrs. of age, the responsible party must be the entity signing the authorization form

Doctors' office request

- A non-referring/non-PCP doctors' office requesting records on a patient, must have the patient sign an authorization form
- Referring doctors/PCP doctors can request medical records, as long as we have documentation showing that they are the referring/PCP physician

Insurance companies

- A patient's insurance company can request the patient's medical records without the patient's written consent

Medical Record Retrieval companies

- Must have the patient's written/electronic consent for our office to send over patients medical records
- A very large file, our office can charge them prior to sending over records
- If a Medical Records Retrieval company is requesting on behalf of the patient's health insurance, they are not required to have the patient's written/electronic consent

Attorney Offices

- Can request a patient's Medical Records without the patient's written consent, but our office must wait 10 days from the date the request was received. This gives the patient enough time to dispute the request if they would like to do so
- If an Attorney's office has requested for a patient's medical records, they may have the patient sign a consent form for medical records. If they do, those records can be sent without waiting 10 days.

Subpoenas, Court Orders, Cancer policies, etc.

- All requests should be given to the Office Manager

Documents needed for processing Medical Records

- Transmittal form
 - This form is used to document all necessary information to keep a record of a medical records request
- Fax Cover form
 - This form is used when faxing documentation for a medical records request, this protects the documentation if the wrong fax number is used, by mistake

Pulling Medical Records for processing

- Print all necessary tabs from SRS that the patient is requesting
- Once documentation is printed, make sure to go through each page
 - Checking for Errors (wrong DOB, wrong patient, wrong DOS, etc.)
 - Putting all pages together for DOS
 - Putting documentation in date order
- Process the request based on the how it is being requested
 - Mail
 - Once you have your documentation together and ready to mail to the patient, make sure you scan your transmittal form and the request into the patient's chart under the Letters tab (see next page for questions on how to scan)
 - Faxing
 - Once you have your documentation together and ready to mail, you will have a few steps to follow to properly fax medical records
 - Make sure all pages are in correct order prior to faxing
 - Fax cover sheet, request and patient documentation
 - Count each page, including your fax cover sheet, this will help ensure all pages are scanned in when faxing
 - Faxing Medical Records using a scanner and paperport
 - Scan all pages in your scanner face down (see next page for questions on how to scan)
 - Once you have completed your scan, your document will appear in Paperport (under scanplace in SRS)
 - Make sure to hover your mouse over the document highlighted in red, this will show the number of pages. It should match the number of pages you counted
 - You will then right click on the document highlighted in red, and a drop down box will appear. Click on print
 - After you click on print, another box will appear and you need to change your printer to 'Multi-Tech Fax Finder' and click ok
 - Your FaxFinder will appear, it should be a total of two (2) boxes
 - You will click on the 'To' button and another box will appear

- Name: Patients Last Name-Medical Records
 - Fax Number: 803-771-9455 (must be typed as written)
 - Hit Send
- Once the fax has successfully been sent, you will receive a fax confirmation in your e-mail
- Print that e-mail out
- Scan in your Transmittal form, the request and the confirmation sheet into Paperport
- Scanning
 - Scanning documents ready to be faxed
 - Documents must be face down
 - Place only a few pages at a time, no more than 10 pages at a time
 - Have Scan Place open in your SRS
 - Hit the Scan button (left hand side of Scan Place)
 - Another box will appear, and hit the Scan button again
 - Once your document is complete and all pages are scanned in, hit the close button in the pop-up box
 - After you have hit close, the document will appear in Scan Place highlighted in red
 - Scanning documents ready to be put in the patient's chart
 - Documents must be face down
 - Place only a few pages at a time, no more than 10 pages at a time
 - Have Scan Place open in your SRS
 - Hit the Scan button (left hand side of Scan Place)
 - Another box will appear, and hit the Scan button again
 - Once your document is complete and all pages are scanned in, hit the close button in the pop-up box
 - After you hit close, the document will appear in Scan Place highlighted in red
 - In the bottom right hand corner is a button 'Change Patient', hit that
 - Once the pop-up box appears, under Shared ID, put the patient's ID number and hit enter
 - Your patient, and possibly other patients may appear, so choose the correct patient (by highlighting their name) and hit enter
 - The patient will appear in Scan Place, verify by looking at the bottom left hand corner and their name should be there
 - Drag the document highlighted in red and place it under letters

- This should only be done when you have received a successful faxed confirmation sheet back and need to put that with your transmittal form and the medical records request

Miscellaneous information

- Outside doctor's notes, information, lab order, etc. should never be sent out with a medical request. Only documentation that pertains to Carolinas Dermatology is to be sent out
- If you see a pop-up note in SRS pertaining to Medical Records requests, please be sure to review prior to sending any records out. Patients may have specific requests about their PHI
- Review ALL medical records requests that come into our office, prior to sending records
- Always make sure you review every single page before you send out a patient's medical records. This will help prevent sending someone else's records to another patient
- If someone other than the patient is requesting the patient's medical records, they must provide legal documentation (POA, etc.) showing they have legal rights to the patient's medical records
- Never give out any Medical Record information over the phone
- Our office cannot e-mail ANY medical records to any entity, as our e-mail is not secure
- Patients can request to have a medical records release form e-mailed to them, but they cannot send it back to us through e-mail. No one is to open any outside e-mail attachments

Policy and Procedure on Medical Records Request

All medical records request must be done by our Medical Records Department. If you receive any type of request for medical records (doctor's office, patient, insurance company, etc.), please give those requests to the Medical Records Department. (Sending out any part of a patient's medical record is considered a medical records request). This also includes when a patient is in the office requesting medical records, the patient needs to fill out the medical records request form and please put the request in the designated box. Our policy is up to 48 hours to process a medical records request.

- **Nursing Staff**

If you are referring a patient to another a physician, and you need to send medical records to that physician, you may do so. As long as there is documentation in the patient's chart notes, that we are referring them to another physician's office, a transmittal form does not need to be filled out. ***This only applies to that specific visit where you referred them out to another office.***

- ***Please keep in mind that if a referring doctor or a doctor we have referred a patient to is calling our sending a request for records –that needs to be forwarded to the Medical Records Department.**

- **Phone room & Front Desk staff**

If a patient or a doctor's office is requesting medical records, please refer them to the Medical Records department to speak directly with someone or leave a message. Leaving a message is the quickest and easiest way of requesting medical records. You can also direct them to fax any requests to 803-771-9455.

Any other medical records that is processed MUST have a transmittal form filled out and signed, this will keep our office HIPAA compliant with all medical records requests. Any employee with questions about medial record request should please notify the Compliance Manager and/or Medical records department.

Policy and Procedure: SRS/Omedix Patient Portal

The patient portal is a web based portal that will give the patients more options of communication with their physician and their physician's staff members. The portal is through a third party company called Omedix. The following is all the capabilities that patients are given when they sign up for an account with our patient portal website.

<http://carolinasdermatology.omedixpatientportal.com> –patient's website

<http://carolinasdermatology.omedixpracticeportal.com> –practice's website

- New patients can fill out their 'New patient paperwork' prior to their appointment and return that information to us electronically.
- Prescription refill requests, the patient will be prompted to provide their medication information, pharmacy information and it will be routed to their physician's staff members for completion.
- Scheduling appointments
 - Patients can cancel their upcoming appointment through the patient portal and it will be routed to the scheduling department to cancel in our Allscripts system
 - Patients can also request for an appointment, by filling out pre-determined fields and given different dates and times that they would like to schedule an appointment. This information will be routed to the scheduling department to call the patient with a desired date and time to see their physician.
- Negative biopsy results can be communicated with the patient through the messaging center. Patients can request for their biopsy results through the patient portal
 - A disclaimer is given to the patient, that we will only provide negative biopsy results through the patient portal.
- Patients can fill out a Medical records release form, and request their medical records electronically.
- Billing questions will also be an option for the patient. They will be able to communicate directly with the billing department.
- Communication
 - Patients will be given the opportunity to communicate with their physician and physician staff members through the message center.
 - Patients are able to ask any general question about their care.
 - Attachments are available for the patient to send to their physician for post-op care. (patients are only able to send PDF or JPEG files –this will cut out any chance of potential viruses)

New Patients

- When new patients call our office to schedule an appointment, our phone room will offer them our patient portal. Letting the patient know they have the opportunity to fill out their new patient paperwork prior to the appointment, and that once they have completed those forms, the forms will be sent over to us immediately.
- The staff member will be responsible for inputting their email address into SRS, and that will prompt SRS/Omedix to send the patient an email invitation to sign up and create their user account. From there the patient will follow all necessary instructions to create their account and fill out their new patient paperwork. ***Please see the packet for a step by step instruction on how a patient will create their account. (these instructions can be given to the patient for additional help on how to create their account)**
- Patients also have the capability to self-register for a patient portal account, and that is going to the website and manually asking for a patient portal account. Once the patient has finalized their account, our office will receive notification to approve that account.

Scheduling

- Patients can cancel their appointment through their patient portal account, and that information will be routed to the scheduling department.
- For this process, we have set this up to route to one specific staff member in the Scheduling department. The staff member will be responsible for cancelling the appointment in Allscripts.
- Patients can also request to reschedule the cancelled appointment, or request to schedule an appointment in general. The patient will be prompted to give a few different choices of dates and times that they would like to schedule an appointment. (The will also be prompted to request the physician they would like to see)
- The staff member receiving a request to reschedule/schedule an appointment will be able to see the dates and times requested; our office will do our best to accommodate the date and time requested. The staff member will also be responsible for verifying the physician that is being requested, especially for established patients. The staff member will notify the patient of their new appointment.

Paperwork

- A staff member will be responsible for signing into the practice portal daily and check for any patient paperwork that has been electronically submitted to our practice. The staff member will print the paperwork out and key all the necessary demographic and insurance information into our Allscripts system. The staff member will be able to “push” the paperwork to automatically transfer into the ‘Patient info’ tab in SRS.
- The day of the patient’s appointment, a front desk staff member will be responsible for looking in the patient info tab for the Health Questionnaire form, and print this out to go on the patient’s clipboard for physician review and signature.

Refill requests, General questions for their provider and Biopsy result requests

- Once a patient has submitted a medication refill request, a general question for their provider and/or a request for biopsy results, that request will be routed to their physician's staff members.
- Clinical staff members will be responsible for checking communications/messages area for their provider, daily. All staff members from each provider group will be allowed to check the communications/messages.
- The Clinical staff member that is opening up a message from a patient, will be responsible for "claiming the request", this will mark the message and show to the other staff members in that group, someone is currently working on that message. This will help elevate any duplicate work.
- All messages still waiting to be worked; will show up as "Unclaimed messages". This will allow Clinical staff members to see messages that still need to be worked.

Medical Records request

- Our medical records request form will be available on the patient portal. The patient will be able to fill it out the same way we have them fill it out in the office, but they can request it electronically. All HIPAA rules will still apply for all and any medical records request. One staff member will be responsible for receiving and processing the request(s).

Billing questions

- Patients will be able to communicate with our billing department and ask generalized billing questions. This will be given to one specific staff member to sign into the practice portal daily and maintain the billing questions.

General Maintenance and monitoring of the patient and practice portal

- I will be able to monitor the patient and practice portal by signing into the practice portal daily. From there I will be able to make sure that Clinical, and Administrative personnel are checking the messages from patients on a daily basis. I will also be able to monitor if messages from patients are "Unclaimed" and not being worked. Making sure that all staff members are staying within HIPAA compliance. Setting up personnel accounts and approving self-registering accounts (to keep from any non-patient accounts being setup). I will also be able to pull any practice usage reports and meaningful use reports for our practice. The meaningful use reports will include: 1. View/Download/Transmit Electronic Health Information 2. Patient-Specific Education Resources 3. Secure Messaging. The usage reports go hand-in-hand with our MU reports, by letting me know exactly how many patients and the percentage of patients that for meeting the measures for electronic access and copy of their information electronically.

Support

- All patient questions and support issues will be handled by Omedix and the patient will contact Omedix directly.

Policy and Procedure on Answering the Telephone

When answering the telephone with Carolinas Dermatology Group, always remember to pay attention and listen intently to what the person on the other line is saying. It is very important to obtain the patients' name and date of birth, so you can begin to look them up in the system as they are speaking. Remember to make sure that all the information is correct, as to not create a duplicate chart. You want to always obtain as much necessary information to determine the needs of the caller. Below are instructions on how to properly answer the telephone.

- Whenever possible, the telephone should be answered on or before the third ring. The person answering should identify the office and him or herself by first name.
 - The call should commence with "Good morning/Good afternoon Carolinas Dermatology, _____ speaking. How may I help you?"
- Determine the needs of the caller and perform one or more of the following:
 - Assess the caller's needs and document (when necessary) in the appropriate format (i.e., prescription request, message for the nurse, etc.)
 - Transfer the call to the appropriate person/department, instructing the caller that he or she may leave a voice message at that extension, or offer to take a message.
- Answering the phone for a new/established patient appointment, always remember to obtain the appropriate information to schedule a new patient appointment properly. (Please see the policy and procedure on scheduling a new patient.)
 - After you have obtained all the necessary information to schedule an appointment, based on the caller's needs and request, you will give the next available appointment.
 - Any call that is related to a surgery appointment or surgery related information; these calls must be transferred to the appropriate doctor's station(s).
 - It is strongly advised that when you are the phone to keep a notepad and write down all of the patients' information as they are talking to you, this will help ensure that you are keying in the correct information.

Always remember that it is very important to get the key information from the patient to schedule an appointment, and this is important when obtaining information from a caller, if the call is for another department. Following these guidelines will help you becoming more efficient in answering the phone and help maintain a good speed of answering calls in a timely matter.

Policy and Procedure for Start and End of day

–Appointment/Scheduling Department

Beginning of the day:

- Phones will go off answering service at 8:00am
- Voicemails will be checked prior to going off answering service, and the employee(s) checking voicemails will be rotated on weekly bases.
- The employee(s) checking voicemails will also be responsible for returning phone calls and/or cancelling, rescheduling and/or making appointment requests.
- Faxes will be rotated every day through-out all employee(s) in the Appointment/Scheduling department.
- The employee(s) responsible for checking faxes will also print out any scheduling referral request(s) and make an appointment and fax the information back to the entity requesting an appointment.
- After a referral has been scheduled, all paperwork must be scanned into the patient(s) chart.

Lunch:

- Every Monday, employee(s) will be given a 30 minute lunch. This will be rotated and scheduled by the scheduling supervisor.
- Tuesday-Thursday, employee(s) lunch will be rotated and a schedule will be created by the scheduling supervisor. The Appointment/Scheduling department must have at least one person answering phones between the hour(s) of 12:00pm-1:00pm.
- Fridays are considered a half day, and our office closes at 12:30pm.

End of the day:

- The phones will go on answering service at 4:30pm.
- The employee(s) responsible for checking voicemails will need to check any voicemails prior to leaving for the day.
- Any phone calls need to be returned prior to leaving for the day.
- All employees must make sure they close out of all applications and lock their computer prior to leaving for the day.

Policy and Procedure: Confirming Appointments

Appointments are confirmed daily by a computer-generated service, however there may be times that the Phone room/scheduling department may be asked to call and confirm appointments with scheduled patients. The following guideline is how an employee should confirm an appointment with a scheduled patient.

- The employee(s) will be given specific printed schedules by their direct supervisor, these printed schedules will be saved after each patient has been called, and given back to their direct supervisor.
- The employee should make sure to have the patient's correct name, home and cell phone numbers.
- The employee calls the patient and tells him/her that the caller is confirming his/her appointment for {date} at {time}.
 - New patients, make sure to remind them of the location of the practice and to bring their ID, insurance cards and arrive 10mins prior to their scheduled appointment time.
 - The patient should be reminded of any special instructions, if documented for the appointment
- If leaving a message on an answering machine, the caller should do the following:
 - Leave all pertinent information. This is _____ of Carolinas Dermatology just wanting to remind Mr. or Mrs. _____, of their appointment {date} at {time}.
 - Request the patient to call the office if he/she needs to cancel or reschedule
 - Leave the office phone number
 - Repeat the date and time of the appointment
- The employee should enter into the computer, under the patient's account, the results of the call confirmation.
 - Confirmed for appointment {date}
 - Message on answering machine at home and/or work for appointment {date}
 - Message with person (name) at home and/or work for appointment {date}
 - No answer for appointment {date}
 - Not reached for appointment {date}
- Employees should make sure they have cancelled all appointment cancel requests and rescheduled any appointments that are needed

Confirming Patient Appointments Policy and Procedure

Appointments are confirmed by calling the patients directly, or by using a computer-generated appointment calling service.

Policy and Procedure for using iRemind (computer-generated service):

- The employee should go to F9 IRE in Allscripts, which brings you to the iRemind Appointment Export tab. Before using the iRemind service, you need to make sure you have been set up properly to use this service.
 - You must have the correct Output path:
\\idcprod\prodfps\ps_DB31\900294\Ntierfiles\Carolinas Dermatology Group Pa\Interfaces\iRemind
 - Output File: *iRemind.txt*
 - Select Appointment Types: *All Appointment types*
 - Select Resources: *All Resources*
 - Select Scheduling Departments: *All Scheduling departments*
 - Select Scheduling Locations: *All Scheduling locations*
 - Appointment Date(s) –should always be Appointment date –From & To:
-You will always run the iRemind two days prior to each appointment
- Once you run the iRemind report, you will receive a message that states, 'Beginning Manual Export for Appointment Dates (From & To). The second and final message will state. 'Manual Export Completed'. This is confirming that a successful iRemind has been completed.
- The next day you will be able to see the patients' iRemind reports, by going to the Appointment Scheduling tab.
 - You will then go to the Appointment Management tab and select your inquiries (office, resource and date) and this will give you a status report of the iRemind call for the patients.

Policy and Procedure for calling patients to confirm appointments:

- The employee should make sure to have the patient's correct name and work and home telephone numbers. The computer schedule is used or a copy of the next day's appointment schedule is made.
- The employee calls the patient and tells him or her that the caller is confirming his or her appointment for (date) at (time).
 - If this is a new patient, the caller should make sure the patient knows the location of the office.
 - The patient should be reminded of any special instructions, if documented for the appointment. Such as arriving 15 minutes prior to their appointment to fill out paperwork.
 - The patient should also be reminded that he or she will be responsible for the copayment at the time of service.

Confirming Patient Appointments Policy and Procedure (con't)

- If leaving a message on an answering machine or with another person, the caller should do the following:
 - Leave all pertinent information. This is _____ of Carolinas Dermatology just wanting to remind Mr. or Mrs. _____, of their appointment (date) & (time).
 - Request the patient to call the office if he or she needs to cancel or reschedule.
 - Leave the office phone number.
 - Repeat the date and time of the appointment.
- The employee should enter into the computer or scheduling book the following notations:
 - ☒ Confirmed
 - msa-h/w Message on answering machine at home and/or work
 - msa/name Message with person (name) at home and/or work
 - NA No answer
 - NR Not reached
- Once the schedule has been completed, patients who canceled should be rescheduled if possible.

Policy and Procedure for Scheduling Appointments

All providers have specific templates for scheduling appointments, and employees are required to follow those templates as such. Each provider will be different, and it is advised that employees keep a copy of the provider's template, for reference. Please obtain these templates from the scheduling supervisor, as they are subject to change without notice. The following information is based on the specific guidelines for each provider and/or physician assistant.

Columbia

Dr. Blaskis/Lori Mauldin

- Double books must be approved by the provider
- If approved
 - Must be before 11am; no afternoon double books
 - If the provider does approve the double booking, it is the responsibility of the employee scheduling the appointment to make sure there are not multiple double books already in that same day.
- No new patients are to be scheduled after 11am M-F on the morning schedule; for either provider
- No new patients are to be scheduled after 2:40pm M-T on the afternoon schedule; for either provider

Dr. Quan

- Double books are to be based on the template provided by Dr. Quan's staff
- Appointments must be scheduled based on the providers scheduled template
- Friday's schedule; NP can be booked with EPs as long as the total does not go over 33 pts

Dr. Lynn

- Double booking is allowed on Monday/Wednesday at 830 as follows NP/EP
- Must follow scheduling template

Dr. Ervin/Lauren Vargo

- Double booking is allowed, but cannot allow more than 7 pts in an hour
- Double booking is not allowed for Lauren's schedule
- Must follow scheduling template for provider and physician assistant

Florence

Dr. McCown

- Double booking is not allowed for Dr. McCown's schedule, must approve additions with her staff
- Must follow scheduling template for provider

Dr. Burch

- Double booking is not allowed for Dr. Burch's schedule, must approve additions with her staff
- Must follow scheduling template for provider

Dr. Kahn

- Double booking is not allowed for Dr. Kahn's schedule, must approve additions with his staff
- Must follow scheduling template for provider

Policy and Procedure for Scheduling a New patient

Carolinas Dermatology requires multiple identifiers when scheduling a new patient and the person scheduling the appointment is responsible for obtaining this information. It is very important to not create a duplicate chart, and asking for key information from the patient. Sometimes a patient may say they have never been seen before, but they might have had an appointment several years ago. If that is the case, we still want to use their existing account. The following is a guideline on how to handle scheduling a New Patient appointment.

The employee answering the phone should follow the guidelines from the answering telephone policy and procedure, and remember to always ask if the patient has been seen in our office before.

- Ask for the patient's name and date of birth (DOB), and use the appropriate search fields with that information.
- Once you have determined that there is not already an existing patient with that name or DOB, you will begin creating a new chart for the patient in our PM system
 - Required information to schedule/create a new patient chart
 - Name (First and Last name)
 - Date of Birth (DOB)
 - Gender
 - Telephone numbers (see policy and procedure on patient numbers)
 - Insurance carrier information (**this is REQUIRED**)
 - Insurance Carrier Name
 - Insurance ID number
 - Insured's information (if different from patient)
 - Insured's name, DOB and SSN if applicable
- This information is required at the time the patient wants to schedule an appointment, if any of this information is not readily available, the patient will need to call our office back and schedule an appointment once they have gathered all of the above information
- If you come across a patient who is calling and after using the required key information to determine if they are truly a new patient, and you have discovered they are already an established patient. You need to make sure to bring up that existing chart, and verify one more piece of information by asking the patient to provide to you their last four of the SSN. Employees are required to update the patient's demographic information.

Policy and Procedure for Cosmetic Appointment(s)/Consult(s)

Any cosmetic consult booked with Dr. Lynn, Dr. Ervin, Dr. McCown, or Dr. Burch, **must prepay a \$65 consult fee**. This fee must be collected when the appointment is booked, whether via phone or check out. If a patient wants to pay for their cosmetic consult using CareCredit, we are unable to take a CareCredit payment over the phone. This type of payment requires, by law, to verify two forms of identification. The patient must prepay for their cosmetic consult, in order to receive a cosmetic consult appointment. Any patient in the military may receive a 10% discount for tattoo removal, and must provide proof of being in the military or trying to get into the military with their recruiter.

Prepayment requirements

- A prepayment form must be filled out and given to the check-out staff for processing. Employee(s) making a cosmetic consult appointment are also required to document that a prepayment was made. In Allscripts (Practice Management system) you will need to have the patient up in context and go to the 'Notes' tab and then create a new note and choose the 'Self pay' note type. This way the note will be a "flashing" note and everyone will know that the patient has made a payment prior to the appointment. An example of documentation is below:
 - *"Mrs. Johnson called our office to schedule a cosmetic consult, and is booked to see Dr. Lynn on 2/25/15 and paid her \$65 cosmetic consult fee by visa over the phone"*

CoolSculpting Consults

- Patients inquiring about CoolSculpting consult are done at no charge and are booked on a CoolSculpting schedule. Each location, Columbia & Florence, has their own CoolSculpting template/schedule. Please make sure you are choosing the correct location, as the times and dates vary per office.

Laser Patients (VPL & Light Sheer)

- VPL treats redness, brown spots and tattoo removal. Light sheer is for hair removal. Patients inquiring about a laser appointment are to be booked for a treatment and **prepay a \$125 deposit**. There is no consult involved. The laser technician will talk with the patient prior to treatment and if he and the patient decide not to have treatment, the deposit will be refunded.
 - Tattoo Removal –A patient inquiring about numbing for tattoo removal must already be a patient or must have a cosmetic consult prior to booking a laser treatment. We must have a history on a patient, prior to any numbing.
 - Patients can have a consult with the laser technician at no charge, but the consult must be for a tattoo removal only. Lightsheer consults must be with a provider and will be charged \$65.

Again, same as above, all documentation is the same when a deposit is taken.

Sciton

- All patients inquiring about Sciton must have a cosmetic consult. They cannot be booked for treatment until after seeing a provider. A **\$250 deposit is required** for a Sciton appointment, and all documentation is the same when a deposit is taken.
 - Patients who require a consult prior to the Sciton laser must see a provider and will be charged \$65.

Filler Patients

- Patients booking filler must be a patient or have a cosmetic consult prior to a filler appointment. A deposit of **\$250 is required**, and any NP being referred by Dr. Blaskis/Quan must be booked with Dr. Lynn. All documentation is the same when a deposit is taken.

No show and less than 24 hour cancellations

- Patients who cancel their cosmetic appointments without a 24 hour notice or no show to their appointment, they forfeit their deposit. When the patient is booking an appointment that requires a deposit, they should be notified that they will forfeit their deposit if they no show or do not give a 24 hour cancellation notice.

Policy and Procedure: Lunch breaks for the Phone room

Phone room/schedulers will be required to rotate lunches during Monday-Thursday, an employee's lunch will be posted by the phone room supervisor each week. The phones are to stay on during lunch hours, and our policy requires more than one employee answering phones at all times. Each employee will take a specified 30 minute lunch break each week. Each employee will also be given an optional 15 minute break during the afternoon hours (only when the workflow permits and approved by the phone room supervisor), but each employee is required to clock-out when taking a 15 minute break.

- Lunch hours to be rotated between all employees, weekly:
 - 11:30-12:00
 - 12:00-12:30
 - 12:30-1:00

Scheduling/Templates in Allscripts

Creating schedules for existing templates

This is when you are creating the scheduling templates for making appointments, and the actual template has already been created.

- Go to the scheduling tab (left hand side of Allscripts)
 - Scheduling Planning (Multiple days/weeks)
 - Block Time by Criteria
 - Sched. Dept. will always be office
 - Sched. Location (Columbia or Florence)
 - Resource (Provider)
 - Block date (from-through) choose no more than 4-6 months out at a time
 - Choose the selected days of the week
 - Under each day of the week, you will choose the correct template for that provider and that day of the week
 - Click on the block button, and wait for it to prompt to you that the days have been blocked
 - Always check the bump list, for any appointments that may need to be moved back onto the schedule or rescheduled to another day (depending on the type of change made)

Blocking one or two days, or creating a custom block for one specific day

- Go the scheduling tab (left hand side of Allscripts)
 - Scheduling Planning
 - Block Time by Calendar
 - Sched. Dept. will always be office
 - Sched. Location (Columbia or Florence)
 - Resource (Provider)
 - Choose the month and year and then query the search
 - Click on the specific day of the month
 - You will either be blocking that day with an existing template
 - Or you will be creating a custom block with existing appointment types

Creating a whole new template for a provider

- F9 DTM (Day Type of Maintenance)
- You will either select an existing template already made and make changes, or you will create a whole new template for a provider
 - Make changes to existing template Select day Type by clicking on the binoculars and then choose the provider and the template that needs to be changed
 - The template will appear on the screen and automatically show as 5 minute slots, change to 10 minute slots
 - To make changes, you will select the times or timeframe (by holding down the shift button and selecting all times in the specified timeframe, as long as all times are being changed to the same exact appointment type)

- Once you have selected the times needed you will choose the activity type by clicking on the drop down box and then hit the button Set Activity Type and then save
- To create a whole new template, you will select the New button at the bottom of the screen
- Abbreviation (must be in all CAPS) will need to be an abbreviation of what is being made
- Description will need to be written out of what is being made
- Example, need to create a new template for Dr. Blaskis' Friday schedule. The abbreviation would be "MBFR" and the description would be "Blaskis –Friday"
- Select Scheduling Departments will always default to what it should be
- Effective date and Expiration date are to ONLY be used if asked to
- You will select the 10 minute time slot (unless specified to do something else)
- You will hold the shift button down and click on each time that is for the same specified appointment time
- Example, if Dr. Blaskis wants to see NP (new patients) at 8:00, 8:20 and 8:40, you wouldn't be able to hold the shift button down and choose all. You will hold down the Ctrl button and click on each of those times and highlight them. You then choose the New Patient appointment type in the drop down box and then click the button Set Activity Type
- Holding down the shift button is for consecutive times and the ctrl button is for non-consecutive times
- Once you have created the template for the provider, click on save
- Your next step will be to attach that template to a specified day (you will follow the instructions for creating schedules with an existing template)

Policy and Procedure on leaving a message with a patient

When you are calling to speak with a patient regarding anything relating to their medical services with Carolinas Dermatology, a detailed message is not permitted. Calling a patient and you do not reach the patient by telephone and you need to leave a message on a voicemail or with a live person, only the following information is permitted:

This is _____, with Carolinas Dermatology Group; please give me a call back at 803-771-7506 (and your extension if applicable).

You are not allowed to leave ANY detailed information on ANY voicemail, the authorization to discuss medical information forms, do not permit any employee to leave a detailed message with any person (other than the patient) or voicemail. Leaving detailed information is a HIPAA violation, and is in violation of the patient's privacy rights.

The only exception is if the patient has put in writing that we can leave detailed information with a specific number associated with a voicemail or a person. Or if you are leaving the patients' appointment information on the number associated (and given by the patient) with a voicemail.

Policy and Procedure After-Hours Telephone

Each physician/provider is on call for themselves and their patients during after-hours. Carolinas Dermatology has an after-hours service that takes call for any patients who choose the after-hours option. When calling our office, our automated options tell the patients that an after-hours service is available and instructs them on how to reach the after-hours service. The staff at Answer Carolina takes call for all after-hour phone calls and has contact information for all providers. The phone system automatically transfer to Answer Carolina at 430pm Monday-Thursday and 1230pm on Fridays. This is a 24/7 after-hours telephone service, until the next business working day for Carolinas Dermatology.



PROFESSIONAL PATHOLOGY SERVICES, PC

**One Science Court, Suite 200
Columbia, SC 29203
REPORT OF POSTMORTEM EXAMINATION
* Amended ***

NAME: CHALFANT, MICHAEL

AUTOPSY #: FA15-182

DOB: 5/27/1940 (Age: 74)

RACE: Caucasian

SEX: M

CHART #: 2015-001386

DATE OF DEATH:

DATE OF AUTOPSY: 5/14/2015 09:00

REQUESTOR: Gary M. Watts

PROSECTOR: Amy M. Durso, MD

FINAL ANATOMICAL DIAGNOSES

- I. HEMORRHAGE FROM LEFT EAR SURGICAL SITE:
 - A. LARGE AMOUNT OF BLOOD LOSS NOTED AT SCENE (PER INVESTIGATIVE REPORT).
 - B. COAGULATED BLOOD SURROUNDING LEFT EAR AT AUTOPSY.
 - C. MILD PALLOR OF THYROID AND LEPTOMENINGES.
 - D. MEDICAL RECORD REVIEW PENDING.
- II. CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MODERATE TO SEVERE.
- III. CORONARY ARTERY DISEASE, MODERATE TO SEVERE.
- IV. ADULT FAILURE TO THRIVE:
 - A. BMI = 13.9.
 - B. CACHETIC APPEARANCE.
- V. INTACT INCISION, LEFT ASPECT OF FACE.

CAUSE OF DEATH: EXSANGUINATION DUE TO HEMORRHAGE FROM LEFT EAR SURGICAL SITE.

CONTRIBUTING: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE, ADULT FAILURE TO THRIVE.

****If further information (forensic or otherwise) becomes available at a later time and is pertinent to the autopsy findings, I reserve the right to amend the report and cause of death statement.****

AMD: 5/28/15

Electronically Signed Out By Amy M. Durso, MD

REPORT OF POSTMORTEM EXAMINATION

CHALFANT, MICHAEL

FA15-182

CASE SUMMARY:

The decedent was a 74-year-old Caucasian man with a past medical history significant for chronic obstructive pulmonary disease. On May 12, 2015, he had two cancerous spots removed from his face at Carolinas Dermatology Group. His wife noted that the dressing became bloody when they returned home. He eventually was transported to the VA Hospital by EMS where he was pronounced. A large amount of blood was noted in the bedroom at the decedent's home. The history is provided by Ann Neeley of the Richland County Coroner's Office. For further investigative information, please refer to the coroner's report. The autopsy is authorized by the Richland County Coroner's Office.

AMD:jh05/14/15

GROSS ANATOMICAL DESCRIPTION:

EXTERNAL EXAMINATION: Body Weight: 94 lb; Body Length: 69 in. The body is that of a well developed, cachectic appearing, adult Caucasian man, who appears compatible with the stated age. The body is identified by the coroner's office. The body is cool to touch. Rigor is full in all extremities and jaw. Diffuse, blanching, purple livor extends over the posterior surfaces of the body, except in areas subject to pressure. The scalp hair is gray. There is gray stubble over the face. The irides are blue. The corneas are transparent. The sclerae and conjunctivae are unremarkable. The nose is unremarkable. The ears are unremarkable with the exception of a left ear surgical site which will be described under "Evidence of Medical Intervention". The teeth are in fair repair. The neck is without masses, and the larynx is in the midline. The thorax is symmetrical with obvious deformity from chest compressions. The abdomen is flat. The genitalia, anus, and back are unremarkable. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks and scars consist of a 2 cm obliquely oriented linear scar on the anterior left lower arm.

EVIDENCE OF MEDICAL INTERVENTION: Endotracheal tube, defibrillator pads, EKG leads, IV in posterolateral left lower arm, puncture mark covered by bandage in anterior right lower arm, and dried red abrasions and obvious anterior rib deformity characteristic of chest compressions.

There is a 3 cm vertically oriented sutured incision just anterior to the left ear. This wound is clean, dry and intact without evidence of hemorrhage.

Within the lateral aspect of the left ear along the pinna is a 3 x 2 cm wound with raw, red, exposed underlying soft tissue and cartilage. The central 1.5 x 1 cm aspect has complete tissue removal with a perforation through the ear in this area. There is a large amount of coagulated blood adherent this wound as well as around the left ear and embedded within the hair. No grossly visible vessels are exposed in this area.

EVIDENCE OF INJURY: There is a 4 cm in greatest dimension red contusion with an overlying superficial abrasion just below the right elbow. There are scattered purpura over the posterior left elbow and lower arm. There is a 1 cm rounded area of superficial skin loss on the dorsal aspect of the first digit of the right foot. No other injuries are identified at autopsy.

INTERNAL EXAMINATION:

BODY CAVITIES: The pleural and abdominal cavities contain no significant fluid. All body organs are present in normal and anatomical position.

CENTRAL NERVOUS SYSTEM: Brain weight: 1380 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin, delicate, and pale in appearance. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and Ammon's horn are unremarkable. The cerebral ventricles are normal caliber. Sections through the brain stem and cerebellum are unremarkable.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: Heart weight: 330 grams. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac contains a mild collection of liquid blood consistent with injury from resuscitative attempts. The coronary arteries arise normally and follow the usual distribution. There is calcific atherosclerotic stenosis within the mid to distal left anterior descending coronary artery and proximal left circumflex coronary artery. The midportion of the left anterior descending coronary artery has approximately 95% luminal stenosis, the distal left anterior descending coronary artery has approximately 80% luminal stenosis, and

REPORT OF POSTMORTEM EXAMINATION

CHALFANT, MICHAEL

FA15-182

the proximal left circumflex coronary artery has approximately 50% luminal stenosis. The right main coronary artery is widely patent. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are widely patent with moderate nonstenotic calcific atherosclerosis of the infrarenal aorta and bilateral iliac arteries. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: Right lung: 380 grams; Left lung: 340 grams. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is tan pink to black with diffuse, severe anthracotic pigment deposition. The cut surface does not exude any significant amount of blood. There are moderate to severe degenerative changes of the pulmonary parenchyma characteristic of chronic obstructive pulmonary disease; this includes focal areas of cavitation that is most severe within the bilateral upper lobes. No focal lesions are noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus.

LIVER AND BILIARY SYSTEM: Liver weight: 880 grams. The hepatic capsule is smooth, glistening and intact, covering tan-brown parenchyma, with no focal lesions noted. The gallbladder contains yellow-green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GENITOURINARY SYSTEM: Right kidney: 200 grams; Left kidney: 170 grams. The renal capsules strip with ease from the underlying, smooth, red-brown, firm, cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder is unremarkable.

GASTROINTESTINAL TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 200 mL of dark brown fluid and partially digested food. The small and large bowel are unremarkable. The appendix is present.

PANCREAS: The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

RETICULOENDOTHELIAL SYSTEM: Spleen weight: 40 grams. The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM: The pituitary and adrenal glands are unremarkable. There is mild pallor of the thyroid gland.

MUSCULOSKELETAL SYSTEM: There are anterior rib and sternal fractures characteristic of aggressive chest compressions during resuscitative efforts. Otherwise, the bony framework, supporting musculature, and soft tissues are not unusual.

TOXICOLOGY: Femoral and cardiac blood, urine and vitreous fluid are obtained. Portions of liver, brain, kidney, two buccal swabs, and pulled head hair are retained. All tissues not retained for diagnostic purposes are returned to the body.

CASSETTE SUMMARY:

1. Heart, skin/soft tissue from left ear surgical site
2. Left lung, kidney, adrenal
3. Right lung, kidney, adrenal
4. Liver, spleen, pancreas, thyroid
5. Brain

AMD:jh05/14/15

MICROSCOPIC DESCRIPTION:

Skin/soft tissue from surgical site on left ear: There are extravasated red blood cells and an infiltration of acute inflammatory cells consisting primarily of neutrophils within the subcutaneous tissue at the surgical site. No residual basal cell carcinoma is identified. There is evidence of sun damage within the surrounding skin.

Heart: A section of coronary artery shows severe stenosis due to intimal hyperplasia and calcified atherosclerotic plaque. Focal chronic ischemic changes are present within the myocardium.

REPORT OF POSTMORTEM EXAMINATION

CHALFANT, MICHAEL

FA15-182

The remaining blocks are held. Slides will be cut and reviewed upon request with results placed in an addendum.

SUMMARY & COMMENT: The cause of death for this 74 year old man is exsanguination due to hemorrhage from the left ear surgical site. Major findings at autopsy included evidence of significant blood loss corresponding to what was noted at the scene by the RCCO investigating deputy. There was also significant underlying natural disease present, including chronic obstructive pulmonary disease, coronary artery disease, and adult failure to thrive, that would lead to fatal exsanguination with less blood loss than an otherwise healthy adult. The pertinent anatomic findings are summarized under "Final Anatomic Diagnoses." This report is being issued without benefit of a final toxicology report. When a report becomes available, an addendum will be issued.

AMD: 5/28/15

REPORT OF POSTMORTEM EXAMINATION

CHALFANT, MICHAEL

FA15-182

TOXICOLOGY RESULTS (SLED): Testing of the femoral blood is positive for ethanol 0.033%. A routine drug screen of the femoral blood is positive for lidocaine.

AMD: 6/26/15 ***Electronically Signed Out By Amy M. Durso, MD ***

Amendments

Amended: 6/26/2015 by Amy M. Durso, MD

Reason: Major Toxicology

Previous Signout Date: 5/28/2015

Policy and Procedure After-Hours Telephone

Each physician/provider is on call for themselves and their patients during after-hours. Carolinas Dermatology has an after-hours service that takes call for any patients who choose the after-hours option. When calling our office, our automated options tell the patients that an after-hours service is available and instructs them on how to reach the after-hours service. The staff at Answer Carolina takes call for all after-hour phone calls and has contact information for all providers. The phone system automatically transfer to Answer Carolina at 430pm Monday-Thursday and 1230pm on Fridays. This is a 24/7 after-hours telephone service, until the next business working day for Carolinas Dermatology.

(sutured wound)

PATIENT INSTRUCTIONS FOLLOWING MOHS/EXCISION SURGERY

WOUND CARE

If you have a white pressure dressing, it can be removed the morning after surgery before washing the surgical site. It is fairly common for the incision to ooze or bleed especially the first few hours after surgery. **Excessive bleeding can be effectively controlled by applying firm direct pressure on the surgical site for 15 continuous minutes. If bleeding persists after holding pressure for 15 minutes, please call the office 203-785-3466.** You can expect to have black and blue bruising around the surgical wound and have mild swelling. The most severe swelling and bruising can occur up to 48 hours post procedure.

If you have some discomfort following surgery, take two Extra-Strength Tylenol tablets (or acetaminophen) every 4 to 6 hours. **Do not take more than 6 capsules in a 24 hour period.** Do not take aspirin or aspirin containing products (such as Alka-Seltzer, Anacin, ibuprofen, Excedrin, Advil, Bufferin, Empirin Compound and many "cold pills").

Rest. Avoid strenuous exercise, bending, straining or lifting any heavy objects for 1 week (7days). Sometimes these motions can cause bleeding from the surgical site.

If you have had facial surgery, sleep with your head elevated on two pillows during your first post-operative week; it will help to decrease any swelling that might occur after surgery.

If you have had surgery on the chin, lip or mouth it is extremely important to eat soft foods for 2-3 days after surgery. Do not use a straw for 48 hours.

If surgery was performed on the lip, remove your dressing before meals. This will make eating and drinking easier for you. Clean the lip area and replace dressing after eating. Ice can be applied intermittently to the surgical site.

BANDAGE CHANGING INFORMATION:

Remove the old bandage and gently clean the wound with soap and water. You may shower daily to cleanse the wound. Do not let the forceful stream of the shower hit the wound directly. Pat the area dry with a clean towel. Apply a thin layer of Vaseline on the stitches. Cover the wound with a non-stick dressing and paper tape. It is important to keep your wound covered. You will return to the office for suture removal in one week. If dissolving sutures were placed they will dissolve in 7-10 days. The tiny strands of suture will eventually fall off as you wash.

[You may have been given an Ace wrap if the surgery was performed on your arm(s) or leg(s). Wrap your arm or leg with the Ace wrap, but do not wrap it too tightly. Use the Ace wrap for one to two weeks following surgery during the day only. Remove the Ace wrap at night. The Ace wrap will increase the blood circulation to the area and help to minimize swelling. Keep your limb elevated

whenever you are at rest (above the level of the heart). For the leg always begin the ace wrap at your instep and wrap just to below your knee.]

In about 4 weeks, some patients may develop a pimple along the stitches. If this should occur, please call the office. Your wound is not infected, but rather a buried stitch has not been absorbed by your body. This is commonly called a spitting stitch.

Should any unexpected circumstance require that you obtain more information or if you have any problems, such as unusual swelling, pain, bleeding, fever or drainage of the surgical site, you may reach the office at (203) 785-3466.

For more information on this and other skin health topics, please read TOTAL SKIN: The Definitive Guide to Whole Skin Care for Life by David J. Leffell, MD FREE at <http://www.totalskinmd.com>

ANSWERS TO FREQUENTLY ASKED QUESTIONS AFTER SKIN CANCER (Mohs) SURGERY

Now that I have had one skin cancer, am I likely to get other new ones?
Patients who have had one skin cancer have a 40% chance of developing another one over time. We therefore recommend an annual full body skin exam with your medical dermatologist.

Where is the other skin cancer likely to occur?
Basal cell skin cancer and squamous cell cancer occur most commonly on the face, head, and neck although they can occur at other sites, too. Melanoma, the most potentially lethal form of skin cancer, can occur anywhere and you should be aware of the warning signs.

What are the warning signs?
For basal cell cancer and squamous cell cancer, any pimple that does not heal after a few weeks, or a growth that begins to bleed should be examined promptly. A patch of redness, scaling or irritation that persists should also be evaluated by your dermatologist.

The warning signs of melanoma include: any change in the color, shape or size of a mole; a mole that itches or begins to bleed or crust; or a new mole that appears unusual. These should be evaluated immediately. Remember that most melanomas are virtually completely curable in the earliest stages if diagnosed and treated promptly.

What are the chances that the cancer that has been removed by Mohs surgery will come back?

Your chances of complete cure are excellent. However, no technique is perfect. You underwent Mohs surgery because of the need to obtain the highest cure rate. In general

there is a 95% to 99% cure rate. However, if your cancer had been previously treated or was very large, the cure rate is somewhat lower and careful follow-up is a must.

Since skin cancer is related to sun exposure, do I now have to stay out of the sun completely?

Most skin cancers result from sun exposure over a lifetime, so moderation with respect to sun exposure continues to be the best policy. In our region, sunscreen should be used when you go outdoors on sunny days. If you sunburn easily, a sunscreen with SPF 15 or higher should be applied. If you're especially active or spend time in the water, the sunscreen should be reapplied frequently. You may also use a water resistant sunscreen. If you do not burn easily or tend to have a darker complexion you should still use SPF 15 sunscreen. Sunscreens are considered safe and important to use in children.

Is there anything else I can do to minimize my risk of getting other skin cancer?

While it has not been proven that you can halt much of the damage that has already been initiated (skin cancers take several years to develop), following simple guidelines will help you prevent further sun damage, and perhaps reduce the chance of getting other cancers. Avoid the sun between the peak hours of 10 AM and 3 PM. Wear a broad brimmed hat. When outdoors for lengthy periods, such as on a boat or playing golf, wear clothing with a tight weave. A white T-shirt only supplies a sunscreen factor of 4; therefore it is advisable to use sunscreen under your clothes. Do not sunbathe. Do not use tanning parlors.

How often should I be checked out for skin cancer? Dermatologists have different opinions on this and you should be guided by your dermatologist.

Because you have already had one skin cancer, an annual full body skin examination is recommended by most dermatologists.

After your discharge from our care, be certain to follow-up with the doctor who referred you to us so that he or she may examine you for any new signs of skin cancer.

How often will I have to come back to Yale after my surgery?

While we try to minimize office visits after your surgery, we may ask that you follow up with us to ensure that any concerns are discussed.

Who will coordinate my post-operative visits?

You will see the surgical nurses (RN's), Dr. Leffell, Dr. Book, Dr. Hanlon or their associates. The RN's have been certified in advanced dermatologic surgery practice and will help you in your post-operative care. They and your doctor are always available to answer questions or to see you if you have concerns about how healing is progressing.

What is going to happen to my scar?

Complete healing of the skin takes time. Whether you had plastic reconstructive surgery or allowed the wound to heal on its own, patience is essential. The healing process

continues in the skin for a full year. Sometimes, areas of hard scar tissue develop in the first six months after surgery but these soften and mature with time. If you had a flap or skin graft, the final result can only be judged nine to twelve months after the surgery. Occasionally, it is necessary to inject the scar with a type of hydrocortisone to reduce excessive scar tissue. To help soften the scar, you may massage the area daily for ten to twenty minutes using a lubricant such as petrolatum. This is best accomplished by applying a small amount of the ointment over the hard or raised part of the scar and massaging firmly in a circular motion. Many people prefer to use Vitamin E cream. There is no evidence this will help healing but you may use it if you like.

Occasionally superficial skin nerves are cut during surgery, which results in localized numbness or loss of sensation to a small area around the surgery site. The nerves will grow back but the time for this to happen will vary. In addition to numbness, as the healing process proceeds you may feel tingling and/or itching. This may last 6 months or more after surgery, but everyone is different and the duration of these symptoms can vary markedly among individuals.

Will there be changes in skin color associated with the surgery? Often, during the early stages of healing, the scar will be red or pink because of the temporary growth of new blood vessels. These will fade with time, but until they do, unsightly redness can be concealed with make-up. In addition, if the redness does not resolve as expected, methods are available to improve it.

Remember: If you have any questions about your surgery, do not hesitate to call. If we are unavailable at the time, please leave your name and number with our receptionist and we will return your call as soon as possible.

For more information on this and other skin health topics, please read TOTAL SKIN: The Definitive Guide to Whole Skin Care for Life by David J. Leffell, MD FREE at <http://www.totalskinmd.com>

Yale Dermatologic Surgery
Telephone: 203-785-3466 Fax: 203-785-5256

Sun Protection and Skin Cancer

From research conducted by us and others around the world, we have a very good understanding of how the sun causes basal cell cancer, squamous cell cancer, and melanoma. We also now understand how the sun causes premature aging of the skin. Ultraviolet rays from the sun cause abnormalities in the genes that control how a cell divides. When those abnormalities occur, it is as though a foot has been taken off the brake of a car. Cells divide more rapidly and can turn into skin cancer. Because we understand the role of the sun in causing skin cancer and premature aging of the skin (brown spots, wrinkles, lines, etc.) it is important to become familiar with strategies to reduce your sun exposure.

Listed below are several important steps you can take to begin to reduce your risk of developing skin cancer and aging skin. In many ways, sun protection behavior is similar to daily brushing to

prevent cavities. Once you make sun protection habit, you will likely achieve the greatest benefit.

- Avoid the sun during peak hours between 10 AM and 4 PM. If you must be outdoors during those hours, seek shade.
- Choose a sunscreen that has a sun protection factor of 30 and provides broad-spectrum protection.
- Apply sunscreen every few hours while active in the sun. Make sure that you apply sunscreen to the tops of your ears and your lips in addition to the rest of your face and others unexposed areas.
- Reapply sunscreen after you have been in the water even if the label says "water resistant".
- Wear sun protective clothing and gear including a broad brimmed hat. There are many online companies that sell great clothing products that are comfortable and provide ultraviolet protection.
- Never use tanning booths.
- Pay special attention to the sun protection of young children as the effects of sun damage are cumulative. If children can minimize exposure to the harmful effects of the sun, it will yield benefits later in life.
- Conduct a self-skin exam on a regular basis and become familiar with the signs of skin cancer and melanoma. Any non-healing sores or moles that have changed in color, texture, shape or develop itching should be evaluated promptly by your dermatologist.
- Wear sunglasses that provide ultraviolet protection.
- See your dermatologist once a year for a full skin exam and once a year to examine sun exposed areas where the risk of skin cancer is the highest.

For ADDITIONAL INFORMATION, read TOTAL SKIN; The Definitive Guide to Whole Skin care for Life, available as a Kindle book on Amazon.

NATURAL WOUND HEALING (NO STITCHES)

Your wound will heal in naturally. It is best to follow these instructions for optimal healing. Remove the white pressure bandage from the wound the day after your procedure. Gently wipe off the ointment with a tissue or Q-tip. You may shower to cleanse the wound with soap and water. Do not let the forceful stream of the shower hit the wound directly. Dry the wound gently with a clean towel.

Apply a thin layer of Vaseline over the wound. Cover the wound with a non-stick dressing and paper tape. A Band-aid large enough to cover the wound may also be used. It is important to keep the wound clean, moist, and covered day and night until the wound is completely healed. **Healing will vary according to site, location and size of wound. This can take at least 3-4 weeks.**

You may have been given an Ace wrap if the surgery was performed on your arm(s) or leg(s). Wrap your arm or leg with the Ace wrap, but do not wrap it too tightly. Use the Ace wrap for one to two weeks following surgery during the day only. Remove the Ace wrap at night. The Ace wrap will increase the blood circulation to the area and help to minimize swelling. Keep your limb elevated whenever you are at rest (above the level of the heart). For the leg, always begin the ace wrap at your instep and wrap just to below your knee.

PAIN

Postoperative pain is usually minimal. Extra-strength Tylenol (or acetaminophen), two tablets taken every four hours, usually relieves any pain you may have. You should take Extra-strength Tylenol as soon as the discomfort begins. Do not wait until the pain is severe. **Do not take more than 6 capsules in a 24 hour period.**

BLEEDING

Careful attention has been given to your wound to prevent bleeding. You may notice a small amount of blood on the edges of the dressing the first day or two. This is NORMAL. If bleeding occurs and saturates the dressing, apply firm continuous pressure directly over the area with gauze for 15 continuous minutes. **(DO NOT BE AFRAID TO APPLY FIRM PRESSURE--YOU CANNOT HARM THE WOUND.)** This will usually stop the bleeding. If bleeding persists after 15 minutes of continuous pressure, call 203-785-3466.

WOUND CARE

Your wound will be granulating (healing in) over the next several weeks. Careful and consistent wound care will promote faster healing.

Once a day clean the wound with soap and water. **DO NOT** use alcohol or hydrogen peroxide. **There are some cases where hydrogen peroxide is used. The physician or nurse will have given you these instructions prior to your discharge. DO NOT** be afraid to wipe the wound carefully and clean away crust

that may be present at the wound edge. The wound may be tender and may bleed slightly the first day. It is normal to have a little oozing or spot bleeding every day until the wound is healed. Your wound will heal faster if all crusts and scabs are removed. For persistent crusting, place a warm wet gauze over the wound and soak for 5 minutes. This will help to loosen the crust so you can remove it.

APPEARANCE

There may be swelling and bruising around the wound, especially if the procedure was performed close to the eyes. For your comfort, you may apply ice over the bandage and near the wound site for 10 minutes every hour for the first 48 hours.

After a couple of days, the wound will appear light pink or yellow. This will lighten over the next couple of weeks and gradually become flesh colored. The edges of the wound will be pink initially and possibly tender. Leg wounds tend to develop more redness, soreness and drainage. Leg wounds take longer to heal. **If the wound becomes extremely red, itchy, painful or drains pus, please notify our office immediately (203-785-3466). If you develop fever or chills call the office.**

For more information on this and other skin health topics, please read TOTAL SKIN: The Definitive Guide to Whole Skin Care for Life by David J. Leffell, MD FREE at <http://www.totalskinmd.com>

Yale Dermatologic Surgery
Telephone: 203-785-3466 Fax: 203-785-5256

Sun Protection and Skin Cancer

From research conducted by us and others around the world, we have a very good understanding of how the sun causes basal cell cancer, squamous cell cancer, and melanoma. We also now understand how the sun causes premature aging of the skin. Ultraviolet rays from the sun cause abnormalities in the genes that control how a cell divides. When those abnormalities occur, it is as though a foot has been taken off the brake of a car. Cells divide more rapidly and can turn into skin cancer. Because we understand the role of the sun in causing skin cancer and premature aging of the skin (brown spots, wrinkles, lines, etc.) it is important to become familiar with strategies to reduce your sun exposure.

Listed below are several important steps you can take to begin to reduce your risk of developing skin cancer and aging skin. In many ways, sun protection behavior is similar to daily brushing to prevent cavities. Once you make sun protection habit, you will likely achieve the greatest benefit.

- Avoid the sun during peak hours between 10 AM and 4 PM. If you must be outdoors during those hours, seek shade.
- Choose a sunscreen that has a sun protection factor of 30 and provides broad-spectrum protection.

- Apply sunscreen every few hours while active in the sun. Make sure that you apply sunscreen to the tops of your ears and your lips in addition to the rest of your face and others unexposed areas.
- Reapply sunscreen after you have been in the water even if the label says "water resistant".
- Wear sun protective clothing and gear including a broad brimmed hat. There are many online companies that sell great clothing products that are comfortable and provide ultraviolet protection.
- Never use tanning booths.
- Pay special attention to the sun protection of young children as the effects of sun damage are cumulative. If children can minimize exposure to the harmful effects of the sun, it will yield benefits later in life.
- Conduct a self-skin exam on a regular basis and become familiar with the signs of skin cancer and melanoma. Any non-healing sores or moles that have changed in color, texture, shape or develop itching should be evaluated promptly by your dermatologist.
- Wear sunglasses that provide ultraviolet protection.
- See your dermatologist once a year for a full skin exam and once a year to examine sun exposed areas where the risk of skin cancer is the highest.

For ADDITIONAL INFORMATION, read TOTAL SKIN; The Definitive Guide to Whole Skin care for Life, available as a Kindle book on Amazon.

RULE 210(G) CERTIFICATE OF APPELLANT

The undersigned hereby certifies that the Second Amended Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Dated: November 2, 2020

/s/ Michael G. Fink
Michael G. Fink, Esq.
MIKE FINK LAW FIRM, P.A.
1500 Royal Palm Square Blvd. Unit 101
Fort Myers, FL 33901
Phone: (239)939-1906
E-mail: mfink@mikefinklawnet
Attorney for Appellant

RECEIVED

Nov 03 2020

SC Court of Appeals