

RECEIPT OF NOTICE OF PRIVACY PRACTICES

WRITTEN ACKNOWLEDGEMENT

PBD & P, INC.

I, _____ have been given the opportunity to read a copy of
PBD & P's notice of patient privacy practices.

Signature of Patient or legal Guardian

Date

If you would like this office to be able to discuss your information with another person or family member, please list names of those authorized below.

Name of persons Authorized

Relationship

The above authorization can be revoked at any time in writing.

Palm Beach Dermatology (PBD&P, Inc.)

Notice of Privacy Practices

Effective: September 23, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

How we may use and disclose health care information about you:

For Care or Treatment: Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any other care provider not currently involved in your care. *Example: If another physician referred you to us, we may contact that physician to discuss your care. Likewise, if we refer you to another physician, we may contact that physician to discuss your care or they may contact us.*

For Payment: Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment, and we will honor that request except where we are required by law to make a disclosure. *Example: Your payer may require copies of your PHI during the course of a medical record request, chart audit or review.*

For Business Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked or test results. *Example: We may share your PHI with third parties that perform various business activities (e.g., Council on Accreditation or other regulatory or licensing bodies) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.*

Required by Law: Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members or any other person identified by you that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI, also for the purposes of marketing, subsidized treatment communication and for the sale of such information.

Your rights regarding your PHI:

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

- Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided. We may charge you a reasonable fee if you request a copy of your PHI.
- Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request an accounting of disclosures report.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- Right to Request Confidential Communication. You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, email, postal mail, etc.)

Website Privacy:

Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all internet sites you visit. By using our website, you consent to the collection and use of personal information as detailed herein.

Breaches:

You will be notified immediately if we receive information that there has been a breach involving your PHI.

Complaints:

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Department of Health and Human Services, Office of Civil Rights or with our Privacy Officer at PBD&P, Inc.; 4475 Medical Center Way, Ste. 1; West Palm Beach, FL 33407. We will not retaliate against you for filing a complaint. If you have questions or would like additional information, you may contact us at (561) 840-0995.

MOHS MICROGRAPHIC SURGERY

Skin Cancer

Skin Cancer is by far the most common malignant tumor in humans. The most common types of skin cancer are *basal cell carcinoma, squamous cell carcinoma and melanoma*. Both basal cell carcinoma and squamous cell carcinoma begin as a single point in the upper layers of the skin and slowly enlarge, spreading both along the surface and downward. These extensions cannot always be directly seen. The tumor often extends far beyond what is visible on the surface of the skin. If not completely removed, both types of skin cancer may invade and destroy structures in their path. Metastasis of basal cell carcinoma is extremely rare and usually occurs only in the setting of long-standing, large tumors where the patient's immune system is compromised. Squamous cell carcinoma can be more dangerous, and patients must be observed for any spread of the tumor. Melanoma is a very different and more dangerous kind of skin cancer and is not treated with Mohs Micrographic Surgery by Dr. Kelley.

Excessive exposure to sunlight is the single most important factor associated with the development of skin cancers. In addition, the tendency to develop these cancers appears to be hereditary in certain ethnic groups, especially those with fair complexions and poor tanning abilities. Fair-skinned people develop skin cancers more frequently than dark-skinned people, and the more sun exposure they receive, the more likely they are to develop a skin cancer. Other factors, including exposure to radiation, trauma and exposure to certain chemicals, may also be involved in the development of skin cancers.

Skin cancers may be more aggressive in certain instances: patients whose immune system is compromised, patients with a medical history of leukemia or lymphoma, patients who have had an organ transplant, cancers in certain locations such as the ear, lips, nose, or around the eyes.

Skin Cancer Therapies

There are various methods for the treatment of skin cancers. The nonsurgical treatments are cryotherapy (deep freezing), Aldara cream, and radiation therapy. The surgical methods include simple excision, physical destruction (curettage with electrodesiccation) and Mohs micrographic surgery.

The treatment of each skin cancer must be individualized, taking into consideration such factors as patient's age, location of the cancer, type of cancer and whether or not the cancer has been treated previously. In some instances, more than one type of therapy may be appropriate. But in most cases, only one or two of the options are reasonable.

Mohs Micrographic Surgery

In the early 1970's, Dr. Frederic Mohs, Professor of Surgery at the University of Wisconsin, developed a form of treatment for skin cancer which he called chemosurgery. (The word "Chemosurgery" is derived from the words "Chemical" and "Surgery.") The technique has since come to be known as "Mohs Surgery" in honor of Dr. Mohs.

Mohs Surgery is a highly specialized treatment for the total removal of skin cancers, in which the microscope is used to determine the extent of the tumor and its location. The procedure has since been refined and improved upon, and today almost all cases are treated by the "fresh tissue" technique (which omits the chemical paste).

Mohs Micrographic Surgery allows for the selective removal of the skin cancer with the preservation of as much of the surrounding normal tissue as is possible. This is because of the complete systematic microscopic search for the "roots" of the skin cancer. Mohs Micrographic Surgery offers *the highest chance for complete removal of the cancer* while sparing the normal tissue. The cure rate for new skin cancers exceeds 97%.

There are two basic steps to each Mohs Micrographic Surgery stage. First, a thin layer of tissue is surgically excised

from the base of the site. This layer is generally only 1-2 mm larger than the clinical tumor. Next, this tissue is processed in a unique manner and examined underneath the microscope. On the microscopic slides, Dr. Kelley examines the entire bottom surface and outside edges of the tissue. (This differs from the "frozen sections" prepared in a hospital setting which, in fact, represent only a tiny sampling of the tumor margins.) If any tumor is seen during the microscopic examination, its location is established, and a thin layer of additional tissue is excised from the involved area. The microscopic examination is then repeated. The entire process is repeated until no tumor is found.

Mohs surgery is very useful and may be recommended for the following types of cancer:

- When the size or extent of the skin cancer cannot be defined easily.
- When the cancer is in a place, such as the nose, eyelids, lips or ears, where it is desirable to spare as much of the normal skin as possible.
- When the cancer returns after being treated.
- When the cancer is large.

Goals of MOHS Surgery with Dr. Kelley

- Complete removal of the tumor
- Reconstruction of the surgical wound so as to optimize the aesthetic result.
- Keep the surgical wound as small as possible given the size of the tumor.

Preoperative Visit

During the pre-operative consultation Dr. Kelley will review your medical history and clinically assess the extent of your tumor. The tumor will be photographed to document its exact location. We will discuss the available reconstructive options and answer any questions you may have.

Before Mohs Micrographic Surgery

Get a good nights rest and eat a normal breakfast (**unless instructed otherwise**). Take your usual medications, again unless directed otherwise at the time of consultation. Should you be on an anticoagulant medication such as aspirin, plavix, or coumadin we request that you follow the instructions given to you at the time of consultation. Do not stop any of these medicines without the prior approval of your primary care physician or cardiologist. If you take aspirin or Advil type medications for pain or arthritis you may substitute Tylenol. Tylenol does not affect bleeding as both aspirin and Advil do.

Shampoo your hair the night before surgery, as your wound and initial dressing may have to remain dry for 24 hours or longer. The length of time of the procedure varies depending on the size and location of the skin cancer and the type of reconstruction to be done. The average length of time is 2-4 hours. We ask that you limit the number of people accompanying you to one because of the limited space in our waiting room. There is time spent waiting for the layers to be processed, so bring a book or handiwork to keep busy.

The Day of Surgery

Appointments for surgery are scheduled throughout the day. It is a good idea to wear loose fitting clothing and avoid "pullover" clothing. Also, if the operative site is on the face, please do not wear make-up on or around the area. We will obtain your written consent for the procedure and photographs will be taken. If you have any additional questions, please feel free to ask them at this time.

The area surrounding the skin cancer will be cleansed with an anti-bacterial soap. The visible tumor will be marked and then we will then anesthetize (numb) the area of skin containing the cancer by a small local injection. This injection will probably be similar to the one you received for your biopsy. We will be as gentle as we can when administering this. It usually takes 15 minutes to anesthetize the involved area and surgically excise the tissue with a scalpel. After the tissue has been removed, it will be processed in our office laboratory.

Depending upon the amount of tissue removed, processing usually takes an additional 30-60+ minutes. Your wound will be bandaged, and you will move to the waiting room while the tissue is processed, stained, and examined by Dr. Kelley. If the microscopic examination of the removed tissue reveals the presence of additional tumor, we will go back and remove more tissue. The Mohs technique allows us to precisely map out where the roots of the cancer remain. Most skin cancers are removed in 1-3 surgical stages. Rarely the "roots" of the tumor can extend far from the biopsy site and many layers may be needed to remove the cancer.

Reconstruction

After the skin cancer has been completely removed, a decision is made on the best method for treating the wound created by the surgery. These methods include letting the wound heal by itself, closing the wound in a

side to side fashion with stitches, closing the wound with a skin graft or a flap. In most cases, the best method is determined on an individual basis after the final defect is known. Many of the wound closures are performed in our office. However, other surgical specialists may be utilized for their unique skills if necessary. We individualize your treatment to achieve the best results.

When the reconstruction is completed by other surgical specialists, that reconstruction may take place on the same day or on a subsequent day. If the reconstruction is to be extensive, that portion of the operation may require hospitalization. This is the exception rather than the rule as *most wounds are repaired immediately in our office while the site is still anesthetized.*

After Mohs Micrographic Surgery

Your surgical wound will require care during the weeks following surgery. Detailed written instructions will be provided. You should plan on wearing a bandage and avoiding strenuous physical activity for at least a week. Stitches are removed from 7-28 days after surgery depending on the type of reconstruction performed. Most of our patients report minimal pain which responds readily to Tylenol. You may experience a sensation of tightness across the area of surgery. Skin cancers frequently involve nerves and months may pass before your skin sensation returns to normal. In rare instances, the numbness may be permanent. You may also experience itching after your wound has healed. Complete healing of the surgical scar takes place over 12 months. Especially during the first few months, the site may feel "thick," swollen, or lumpy, and there may be some redness.

A follow-up period is necessary after the wound has healed. You will be asked to return so we can access how you are healing following the procedure. Studies have also shown that once you develop a skin cancer, there is a strong possibility of developing other skin cancers in the future. Should you notice any suspicious areas, it is best to check with your dermatologist for a complete skin evaluation. You are reminded to return to your dermatologist on a frequent basis for continued surveillance of your skin.

Sometimes the buried sutures may work their way up to the surface of the skin creating crusted areas along the suture line. This can occur anytime from 2 weeks to a few months post-op. Should this occur, please call us for an appointment as this can be easily addressed by us.

Risks of Mohs Micrographic Surgery

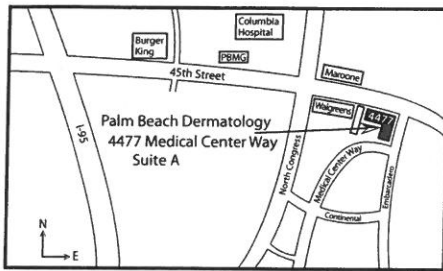
Because each patient is unique, it is impossible to discuss all the possible complications and risks in this format. The

usual risks are discussed below. Dr. Kelley will discuss any additional problems associated with your particular case. *Please understand that these occurrences are the exception and not the rule.*

- The defect created by the removal of the skin cancer may be larger than anticipated. There is no way to predict prior to surgery the exact size of the final defect.
- There will be a scar at the site of the removal. We will make every effort to obtain optimal cosmetic results, but our primary goal is to remove the entire tumor. Again, Mohs surgery will leave you with the *smallest wound* thus creating the best opportunity for optimal cosmetic results.
- There may be poor wound healing. At times, despite our best efforts, for various reasons (such as bleeding poor physical condition, smoking, diabetes, or other diseases), healing is slow or the wound may reopen. Flaps and grafts utilized to repair the defect may at times fail. Under these circumstances, the wound will usually be left to heal on its own.
- There may be a loss of motor (muscle) or sensory (feeling) nerve function. Rarely, the tumor invades nerve fibers. When this is the case, the nerves must be removed along with the tumor. Prior to your surgery, the doctor will discuss with you any major nerves which might be near your tumor.
- Since the tumor may be near or involving a vital structure such as the eyelids, nose or lips, portions of the structure may have to be removed. This can result in functional or cosmetic deformities.
- There may be excessive bleeding from the wound. Such bleeding can usually be controlled during surgery. There may also be bleeding after surgery, bleeding under a sutured graft or flap may inhibit wound healing.
- There may be an adverse reaction to medications used. We will carefully screen you for any history of problems with medications; however, new reactions to medications may occur.
- There is a small chance that your tumor may regrow after surgery. Previously treated tumors and large, longstanding tumors have the greatest chance for recurrence.
- Rarely, wounds become infected and require antibiotic treatment. If you are at particular risk for infection, you may be given an antibiotic prior to surgery.
- In some instances the organism causing the infection can be resistant to standard antibiotics necessitating consultation with an infectious disease specialist and intravenous medication.

Location

4477 Medical Center Way, Suite A • West Palm Beach, FL 33407
(561) 471-1808



Dr. Larisa (Lara) C. Kelley joined Palm Beach Dermatology in 2008. Dr. Kelley completed her Residency in the Harvard Dermatology training program based at Massachusetts General Hospital, then sought specialized skin cancer and laser surgery (both functional and aesthetic) at Washington University's Barnes Hospital in St. Louis. For 12 years, prior to coming to Florida in 2008, Dr. Kelley directed the Dermatologic Surgical division at Beth Israel Deaconess Medical Center, a major teaching institution of Harvard Medical School where she was an assistant professor in the Department of Dermatology. She is Board Certified by the American Board of Dermatology and is a Fellow of the American College of Mohs Surgery.

Dr. Kelley's clinical practice is focused on the diagnosis and treatment of skin cancer. She takes pride in offering outstanding, compassionate care. She attributes successful outcomes to excellent diagnostic and patient communication skills, technical expertise using the specialized Mohs method, and meticulous reconstruction. In select, more challenging situations, Dr. Kelley works with a collaborative team of surgeons, pathologists, and oncologists to provide optimal care.

Beyond her very busy clinical practice, Dr. Kelley has been actively involved with academic dermatology, training numerous residents and fellows; as well as lecturing extensively at local, national, and international meetings. She served on the Board of the New England Dermatologic Society, and on numerous committees including the Harvard Dermatology Residency selection committee. She is most proud of the feedback she has received from her patients and colleagues recognizing her outstanding medical care, and has also been honored with a cover article in Boston Magazine in 2004 as one of Boston's Top Doctors. She is delighted to be a part of Palm Beach Dermatology, Inc.

Important Reminders

DO

- Advise us as soon as possible if you must cancel or change your appointment. At least 72 hours notice is appreciated
- Plan on spending anywhere from 2-4 hours with us during your surgery.
- Get a good night's sleep prior to surgery.
- Take your usual medications on schedule unless instructed otherwise. Should you be on an anticoagulant medication such as aspirin, plavix, or coumadin we request that you follow the instructions given to you at the time of consultation.
- Dress comfortably. Wear a button-up top and avoid pullover shirts. Bring a sweater the office can be cool.
- Bring something to read and a light snack.
- Eat a normal breakfast (**unless instructed otherwise**).
- Let our staff know if you take Coumadin, Aspirin or aspirin-like medicines.
- Expect some swelling and bruising following surgery, especially when it is performed around the eyes. Those conditions typically subside within 4-5 days and may be decreased by sleeping with the head slightly elevated and by using an ice pack for short periods of time during the first 24 hours.
- Take it easy for the week after surgery. Bending over and/or lifting heavy objects can increase the risk of post-operative bleeding.
- Expect some numbness around the surgical site which can take 6 months or more to return to normal.
- Detailed post-operative care instructions will be given to you after surgery. **Expect that you will have sutures placed to close the wound. These sutures will need to be removed anywhere from 1-4 weeks post-up. Please check with us regarding the scheduling of this follow-up visit if you have upcoming travel plans.**
- Follow up with your general dermatologist for skin checks every 3-12 months.

DO NOT

- DO NOT consume alcohol 24 hours prior to or 48 hours after surgery. It can increase the risk of bleeding.
- DO NOT USE topical numbing creams such as EMLA or ELA Max on the surgical site the day of surgery. These products can make it difficult to detect the borders of the tumor.
- DO NOT wear make-up if you are having surgery on your face.
- DO NOT submerge the surgical site while the stitches are in. Swimming in a pool, the ocean or sitting in a "hot-tub" increases the risk of a post-operative wound infection.

Please review this handout. We want you to be as comfortable, relaxed and informed as possible.