
STATEMENT OF PRIVACY

for the SPOT Skin Cancer™ Screening Program sponsored by the American Academy of Dermatology

The American Academy of Dermatology SPOT Skin Cancer™ Screening Program (the “Program”) is committed to maintaining the highest level of confidentiality regarding participants’ information that we collect, use, maintain, and disclose. This privacy standard protects the privacy of participant information in accordance with federal and state privacy laws, and our participants’ expectations of privacy.

Participant information is used and disclosed only for the Program’s mission-related activities and operations, and in other limited circumstances such as when required for law enforcement or for public health activities.

WHAT DOES THE PROGRAM COLLECT?

The Program collects personal information whenever you get a free SPOT Skin Cancer™ screening.

Below are general categories of information that we collect. All information that you provide to the Program is done voluntarily.

Contact information. We may ask for contact information such as your name, address, telephone number, email address, and contact preferences. We collect this information so that we may keep you informed about the Program. We may also use this information to provide you with patient-related cancer information or to follow-up on results from your screening. We consider this information private and limit how it is used and disclosed.

Demographic information. We may ask for limited demographic information such as your gender or race. This information is used to help us to better understand the individuals we serve or to better communicate with you. We consider this information private and limit how it is used and disclosed.

Health information. We collect information related to your skin cancer screening including data created during or as a result of your screening in order to do statistical analysis and research on, among other things, the incidence of skin cancer and the effectiveness of skin cancer screenings.

HOW DOES THE PROGRAM PROTECT YOUR INFORMATION?

The Program is not covered by the regulations issued under the Health Insurance Accountability Act of 1996, as amended, otherwise known as HIPAA. However, the Program has voluntarily adopted a number of similar standards to protect the privacy of your information, and we have provided a description and an example of these standards below. However, not every particular use or disclosure in every category will be listed. In addition, if you attend a Program screening in a dermatologist’s office, and the physician is required to follow the HIPAA rules, you should receive a separate notice of privacy practices from the dermatologist.

We restrict and protect how your information is used. We have guidelines which limit access only to those who have a reasonable need to use your information. In addition, we limit how your information is used to only those purposes related to your original inquiry or request.

We restrict and protect how your information is disclosed. On occasion, we may have a need to disclose your information to third parties, such as researchers or government entities. We make every attempt to protect these disclosures.

We have security protections. For our electronic data, we have physical, technical, and procedural safeguards to protect your information. A copy of this notice can be found at aad.org/Privacy.

We conduct privacy training and education programs. We require all staff to receive training on privacy and how to protect your information. We also require staff to sign a pledge of confidentiality to further support our commitment to privacy. In many cases, we extend this requirement to our volunteers.

We mitigate (lessen the harm of) any breach of privacy/confidentiality. We have a data incident response process to reduce any harm to you resulting from a breach of your privacy.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

Under our privacy policy, you have the right (upon request) to see your contact and other information that we maintain about you. If you would like to see this information, if you have a question, wish to notify us of any desired restrictions, or believe your privacy rights have been violated, then submit your inquiry or file your complaint with us at screenings@aad.org.

Name of Screening Physician or Practice Providing Screening Today:

Address: _____

Telephone: _____
