



NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. **Please review this carefully.** The privacy of your health is important to us.

Our Legal Duty: We are required by applicable federal law to maintain the privacy of your health information. We are also required to give you notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on April 21, 2014, and will remain in effect until we replace it.

We do reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable laws. We reserve the right to make changes in our privacy practices and the new terms of our notice for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may also request a copy of our privacy notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us.

This notice describes the practice's policies which extend to:

- Any healthcare professional authorized to enter information into your chart (including physicians, PA's, RN's etc.)
- All areas of the practice (front desk, administration, billing and collections, etc.)
- All employees, staff, and other personnel that work for or with our practice
- Our business associates, facilities to which we refer patients, on-call physicians, etc.

The practice provides this notice to comply with the Privacy Regulations in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

We are required by law to:

- Make sure that the protected health information about you is kept private.

- Provide you with the Notice of our Privacy Practices and your legal right with respect to protected health information about you
- Follow the conditions of the Notice of Privacy Practice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose protected health information that we have and may share with other entities. Each category provides a general explanation and provides some examples of uses. Not every use or disclosure is either listed or actually in place. The explanation is provided for your general information only.

- **Medical Treatment:** We may use and disclose information about you, which you have supplied to us, to provide you with current or prospective medical treatment or services. Therefore, we may disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in your care. For example, a doctor to whom we refer you to for additional care may need your medical record. Different areas of this practice may also share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information about you to people outside of the practice who may be involved in your medical care after you leave our practice. This may include your family members or others to whom we refer you to who may provide services that are part of your care. Unless clearly instructed to the contrary, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to an individual or entity who helps pay or pays for your care, such as your insurance company.
- **Payment:** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give information to others about treatment you received to obtain payment or reimbursement for the care. We may also tell your health care plan and/or referring physician about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, or to facilitate payment involving a referring physician.
- **Operational Uses:** Medical information about you may be used and disclosed in order to run our practice more efficiently and to make sure that all of our patients

receive quality care. These uses may include reviewing your treatment and services to evaluate the performance of our staff, to decide what additional services to offer and where, to evaluate what services will not be needed, or to determine whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also compare our medical information with medical information from other practices to determine how we are doing and see where we can make improvements in the care and services we offer. We will likely remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. We may also use or disclose information about you for internal and external utilization review and/or quality assurance, to business associates for the purpose of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. Whenever business associates are used, we will advise them of their continued obligation to maintain the privacy of your medical records.

- **Appointment & Patient Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment to receive medical care with the practice or that you are due to receive periodic care from the practice. This contact may be via phone, email, or in writing, and may involve leaving an e-mail message, phone message on an answering machine, all of which could possibly be picked up by others.
- **Others Involved In Your Care:** In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have to have been approved through this research approval process. However, we may disclose medical information about you to people who are preparing to conduct a research project (for example, to help them look for patients with specific medical needs) as long as the medical information they review does not leave the practice. We will attempt to make the information non-identifiable to a specific

patient, but we cannot guarantee that we can always do this. We will endeavor to (but cannot guarantee that we will) seek your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care with the practice.

- **Required by Law:** We will disclose medical information about you when required to do so by federal, state and local law.
- **To Avert A Serious Threat to Your Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. We would only disclose this information to someone in order to prevent the threat.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transportation.
- **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for injuries or illnesses that are work-related.
- **Public Health Risks:** Law or public policy may require us to disclose medical information about you for public health activities. Generally, these activities include:
 1. To prevent or control disease, injury or disability.
 2. To report births and deaths.
 3. To report child neglect or abuse.
 4. To report reactions to medications or problems with products.
 5. To notify people or recalls or products that were used or that we may be using.
 6. To notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition.
 7. To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.
- **Investigation and Government Activities:** We may disclose medical information to a local, state, or federal agency for activities authorized by law. These oversight activities

include, for example, audits, inspections, investigations, and licensure. The payer, the government, and other regulatory agencies find these activities necessary in order to monitor the healthcare system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if possible. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official. For example:
 1. In response to a court order, subpoena, warrant, summons or similar process;
 2. To identify or locate a suspect, fugitive, material witness, or missing person;
 3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 4. About the death we believe may be the result of criminal conduct;
 5. In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may also release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out the duties of their job.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information we already have about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and the safety of others; (3) for the safety and security of the correctional institution.

CHANGES TO THE NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we may receive from you in the future. We will have a copy of the current notice in the practice lobby. The notice will contain on the first page the date of the last revision and effective date. In addition, each time you visit the practice for treatment or health care services, you may request a copy of the current notice that is in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred for the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke that permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, you understand that we are unable to take back any disclosures we have already made with your prior permission, and that we are required to retain our records regarding the care that we provided to you.

PATIENT RIGHTS

This section describes your rights and the obligations of this practice regarding use and disclosure of your medical information.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. It also does not include information compiled for a civil, criminal, or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to an authorized employee of Premier Pediatrics. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing, and other supplies (tapes, disks, etc.) associated with your request.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you or someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request. However, we shall not comply, even with a written request, if the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing. In your request, you need to indicate:

1. What information you want to limit;
 2. Whether you want to limit our use, disclosure, or both; and
 3. To whom you want the limits to apply (e.g., disclosures to your children, parents, spouse, etc.)
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave a voicemail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

- **Right to Amend:** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the practice maintains your medical record. To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. This amendment must be dated and signed by you.