

## Health Insurance Portability and Accountability Act of 1996

### Notice of Privacy Practices

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

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.*

Each time your child visits a healthcare provider, a record of his/her visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your child's care generated by the health care provider.

#### **Our Responsibilities**

This practice is required by law to maintain the privacy of your child's health information and to provide you with a description of our legal duties and privacy practices regarding your child's health information. The current Notice will be posted in the waiting room. The notice will include the effective date. In addition, we will make our best effort to provide you with a copy of this notice that we request you acknowledge with your signature.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your child's medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in the waiting room. You may also request that a revised Notice be sent to you in the mail or you may ask for one at your next appointment. This Notice will also serve to advise you as to your rights with regard to your child's medical information.

#### **How We May Use and Disclose Medical Information About Your Child.**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about your child to provide, coordinate and manage treatment or services. We may disclose medical information about your child to other doctors, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in his/her care. We may communicate this information either orally or in writing by mail or facsimile.

We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating your child.. For example, your child's medical information may be provided to a physician to whom he/she has been referred so as to ensure that the physician has appropriate information regarding previous treatment and diagnosis.

**For Payment:** We may use and disclose medical information about your child's treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend.

**For Health Care Operations:** We may use or disclose, as needed, your child's health information in order to support our business activities. These activities may include, but are not limited to quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. In addition, we may also call you and your child by name in the waiting room. We may call you to remind you of a pre-booked appointment and may leave that message on your answering machine.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include software support, transcriptionist, electronic claims clearinghouse, and PHO. When these services are contracted, we may disclose your child's health information to our business associate so that they can perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard this information through a written contract.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We also may use and disclose your child's health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of this health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your child's health care will be disclosed.

**Individuals Involved in Your Care or Payment for Your Care:**

Unless there is an objection, we may release medical information about a child to his/her parents/guardians

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your child's health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

**As required by law:** We may use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Communicable disease exposure or may otherwise be at risk of contracting or spreading the disease or condition
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Legal proceedings in response to an order of a court administrative or response to a subpoena, discovery request or other lawful process.
- Authority that receives reports on abuse and neglect

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

### **Your Health Information Rights**

Although your child's health record is the physical property of this office, which compiled it, you have the right to:

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your child's care. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your child's medical information must be submitted to the office in writing. The practice will charge \$15.00 for copying medical records

**Amend:** If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of our disclosures of medical information about your child except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. This practice will provide the first accounting to you in any 12-month period without charge. The cost for subsequent requests for an accounting within the 12-month period will be \$15.00. We ask that you submit these requests in writing.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. We ask that you submit these specific requests in writing.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide your child with emergency treatment.

**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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

### **Complaints**

If you believe your child's privacy rights have been violated, you may file a complaint with us by calling 978-250-4081 and asking for the Privacy Officer or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints must be also 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. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to your child.

Privacy Officer: Sharon West

Telephone Number: 978-250-4081