

# NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. 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.

If you have any questions about this Notice, please contact the Privacy Officer of this office.

## **WHO WILL FOLLOW THIS NOTICE**

This Notice describes our clinic’s practices and that of:

- Any health care professional authorized to enter information into your child’s chart.
- All employees in all departments of the clinic.

## **OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about your child’s health is personal. We are committed to protecting health information about your child. We create a record of the care and services your child receives here at our clinic. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of your child’s medical records generated by our clinic, whether made by our clinic, whether made by our personnel or doctor. This Notice will tell you about the ways in which we may use and disclose health information. We also describe your rights and certain obligations we have regarding the use and disclosures of health information about your child.

We are required by law to:

- Make sure that health information that identifies your child is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about your child.
- Follow the terms of the Notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

Members of our medical staff and our affiliated clinics may share your PHI as necessary for your child's treatment, payment for services provided, without your permission. Other use requires your specific authorization. The following describes how we use and disclose your information without permission. Other parts of this Notice describe uses and disclosures that require your authorization and the rights you have to restrict our use and disclosures of your child's PHI.

### **❖ For Treatment**

We are permitted to use and disclose your child's PHI within our clinic's PHI within our clinic's or our affiliated clinics as necessary to provide your child with medical treatment and services. We also are permitted to disclose your child's PHI to other physicians if necessary to continue your child's medical care. For example, the physician treating your child may require the need to involve a specialist, when we refer your child to a specialist, we will share all or part of your child's PHI pertaining to your child's referral so the specialist will have better guidance for providing your child with quality care.

### **❖ For Payment**

We are permitted to use and disclose your child's PHI for our payment purposes. For example, our billing department may release PHI to your health insurer to allow the insurer to pay us.

### **❖ For Health Care Operations**

We may use and disclose PHI about your child for the purpose of insuring that all our patients receive quality care. For example, members of our medical staff may use information in your child's health record to access the care and outcomes in your child's case. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

### **❖ For Research**

We may disclose information to researchers under certain circumstances, but not before establishing protocols to ensure the privacy of your child's PHI. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition. We usually ask for your permission if the researcher will have access to your child's name, address, or other information that reveals who your child is.

❖ **For Family Involvement in Care**

We may release relevant PHI about your child to a friend or family member, or anyone else you identify regarding your child's medical care. We may also give information to someone who helps pay for your child's care. If you do not want us to make these disclosures, you must notify the manager.

❖ **As Required by Law**

We will disclose PHI about your child when required to do so by federal, state, or local law.

❖ **To Avert a Serious Threat to Health or Safety**

We may use and disclose PHI when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

❖ **For Public Health and Safety Situations**

We may disclose PHI about your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To report reactions to medications
- 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.

❖ **For Health Oversight Activities**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

❖ **For Lawsuits and Disputes**

If your child is involved in a lawsuit or a dispute, we may disclose PHI about your child in response to a court or administrative order. We may also disclose PHI about your child in response to a subpoena, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

❖ **For Incidental Disclosures**

Certain incidental disclosures of your child's PHI occur as a byproduct of lawful and permitted use and disclosure of your child's PHI. For example, a visitor may inadvertently overhear a discussion about your child's care occurring at the lab station. These incidental disclosures are permitted if the clinic applies reasonable safeguards to protect your child's PHI.

## RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding Protected Health Information we maintain about your child:

### ❖ **Right to Inspect and Copy**

You have the right to inspect and copy PHI that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy PHI you must fill out a "Request to Inspect Medical Records" form and submit your request to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Law requires that we provide copies within fifteen (15) days of your request. We will inform you when the records are ready. We may deny your request to inspect and copy in certain very limited circumstances in writing. If you are denied access to PHI, you may request that the denial be reviewed.

### ❖ **Right to Amend**

If you feel that PHI we have about your child is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must fill out a "Request for Amendment" form and submit your request to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the PHI kept by our clinic.
- Is not part of the information which you would be permitted to inspect and copy.
- Is not accurate and complete.

We will put any denial in writing and explain our reasons for denial. You have the right to respond in writing that our denial and your statement of disagreement, if any, be included in future disclosures of the dispute record.

### ❖ **Right to an Accounting of Disclosures**

You have the right to request an "Accounting of Disclosures". This is a list of disclosures we made of PHI about your child. To request this list or accounting of disclosures, you must submit your request by filling out our "Request for an Accounting of Disclosures" and submit the form to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

### ❖ **Right to Request Restrictions**

You have the right to request a restriction or limitation on the PHI we use or disclose about your child for treatment or payment. You also have the right to request a limit on the PHI we disclose about your child to someone who is involved in your child's care or the payment of your child's care, like a family member or a friend.

**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. To request restrictions, you must complete our “Request for Restrictions” form and submit the form to our Privacy Officer. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosures or both;
3. To whom you want the limits to apply.

❖ **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 certain locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must complete a “Request for Confidential Communications” form and submit the form to our Privacy Officer. We will honor all reasonable requests without requesting a reason. Your request must specify how or where you wish to be contacted.

❖ **Right to 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 anytime. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one from the receptionist.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about your child as well as any information we receive in the future. We will post a copy of the current notice in the clinic lobby and on our website.

## **COMPLAINTS**

If you believe your child’s privacy rights have been violated, you may submit your complaint in writing by requesting a complaint form and submitting the form to our Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your child’s care will not be jeopardized nor will you be penalized for filing a complaint.**

## **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health 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 PHI about your child, you may revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already

made with your permission, and that we are required to retain our records of that care that we have provided your child.

#### **NOTICE OF PRIVACY PRACTICES QUESTIONS AND COMPLAINTS**

If you have any questions about this notice, or you think that we may have violated your child's privacy rights, please contact our Privacy Officer either in person or in writing. If we cannot resolve your concern, you also have the right to file a written complaint with the U.S. Department of Health and Human Services.

We will not retaliate in any way if you choose to file a complaint.

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I hereby acknowledge that I have received a copy of Notice of Privacy Practices for Athens Kids Specialists, P.C. and that I understand these policies. I consider these policies to be fair and realize that should I require any special exceptions to these policies, this practice will do their best of their ability to accommodate my needs.

Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Account #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date Notice Received: \_\_\_\_\_  
Witness' Signature: \_\_\_\_\_