



Tri-County

PEDIATRICS

HIPAA Notice of Privacy Practices

Notice Of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THEIR PERSONAL HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR CHILD'S PRIVACY

Our practice is dedicated to maintaining the privacy of your child's personal health information (PHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to them. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's PHI
- Your privacy rights for your child's PHI
- Our obligations concerning the use and disclosure of your child's PHI

The terms of this notice apply to all records containing your child's PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your child's records that we may create or maintain in the future. Our practice can provide you with a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Lisa Jaffee
1939 Cheltenham Ave
Elkins Park, PA 19027
215.884.5715 Ext. 204

C. WE MAY USE AND DISCLOSE YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your child's PHI.

1. Treatment. Our practice may use your child's PHI to treat your child. For example, we may ask to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child's PHI in order to write a prescription for them, or we might disclose your child's PHI to a pharmacy when we order a prescription for them. Many of the people who work for our practice - including, but not limited to, our doctors and staff - may use or disclose your child's PHI in order to treat them or to assist others in your child's treatment. Additionally, we may also disclose your child's PHI to other health care providers for purposes related to your child's treatment.

2. Payment. Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items they may receive from us. For example, we may contact your child's health insurer to certify that they are eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding your child's treatment to determine if the insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's PHI to bill you directly for services and items. We may disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose your child's PHI to contact you and remind you of your child's appointment.

5. Treatment Options. Our practice may use and disclose your child's PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your child's PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your child's PHI to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. Disclosures Required By Law. Our practice will use and disclose your child's PHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your child's identifiable health information:

1. Public Health Risks. Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your child's employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your child's PHI in response to a court or administrative order, if they are involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your child's PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if they are an organ donor.

7. Research. Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain your child's written authorization to use your child's PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your child's authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your child's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- **Military.** Our practice may disclose your child's PHI if they are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. National Security. Our practice may disclose your child's PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child's PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. Inmates. Our practice may disclose your child's PHI to correctional institutions or law enforcement officials if they are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to your child, (b) for the safety and security of the institution, and/or (c) to protect your child's health and safety or the health and safety of other individuals.

11. Workers' Compensation. Our practice may release your child's PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights regarding the PHI that we maintain about your child's:

1. Confidential Communications. Your child's have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a specific type of confidential communication, please make a written request to **the front desk staff of the office your child visits** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. Your child's have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our

disclosure of your child's PHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to **the front desk staff of the office your child visits**. Your request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure or both; and
- to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **the front desk staff of the office your child visits** in order to inspect and/or obtain a copy of your child's PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your child's request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **the front desk staff of the office your child visits**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us for a copy of this notice at any time. To obtain a paper copy of this notice, please ask **the front desk staff of the office your child visits**.

6. Right to File a Complaint. If you believe your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact **the front desk staff of the office your child visits**. All complaints must be submitted in writing. **Neither you nor your child will not be penalized for filing a complaint.**

7. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care. If you have any questions regarding this notice or our health information privacy policies, please contact **the front desk staff of the office your child visits**.