



PEDIATRIC POD – Notice of Privacy Practices

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

PEDIATRIC POD is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of our legal duties and privacy practices with respect to Protected Health Information. This document is being provided to you in fulfillment of these obligations.

Protected Health Information, or PHI as it may be referred to in this document, is information about your identity (ex: Your name, address, social security number, etc), your past, present or future medical or mental condition (ex: History of illnesses, current medications, future appointments, etc.), past, present or future related health care services, and past, present, or future payment for medical services.

PEDIATRIC POD reserves the right to amend or change its practices, policies, or procedures with regard to PHI at any time, and to make such changes effective for all PHI in our possession, including any PHI that may have been created or received prior to such changes. In the event of such a change PEDIATRIC POD will post a new revision of this Notice in our facility and make a copy of it available to you upon request.

Use of Disclosure of PHI for Treatment, Payment, and Operations

PEDIATRIC POD may use or disclose your PHI without your authorization for your treatment, to receive payment for any services rendered, and for the normal operations of this office. For example:

Treatment - We may use or disclose your PHI in coordinating treatment among our staff or with other providers, such as a primary care physician or specialist.

Payment – We may use or disclose your PHI to your insurance company as required to obtain payment for any services that have been rendered.

Operations – We may use or disclose your PHI for quality assurance purposes, as part of employee performance evaluations, or to help train new employees.

Other Uses or Disclosures of PHI Permitted or Required Without Your Authorization

PEDIATRIC POD may also use or disclose your PHI without your authorization in the following situations:

- ◆ **To You:** PEDIATRIC POD may disclose your PHI to you;
- ◆ **Incidental to an Otherwise Permitted Use or Disclosure:** Accidental disclosures of your PHI occur in the course of making and otherwise permitted use of disclosure are permitted as long as PEDIATRIC POD has taken appropriate safeguards to try to protect the confidentiality of your PHI, and has satisfied the requirements to use the minimum amount of PHI necessary for any permitted use or disclosure of your PHI;
- ◆ **Appointment Reminders:** PEDIATRIC POD may use or disclose your PHI to contact you to provide appointment reminders, information about treatment alternatives that may apply to you, and other health related services or benefits that may be of interest to you;
- ◆ **Facility Directories:** PHI may be used or disclosed to maintain a directory of the patients in our facility. Such disclosures will be limited to the patient's name, their location within the facility, and their general condition. You have the right to object to such disclosures. Please notify the Front Desk if you wish to object;
- ◆ **Disclosures to Others Involved in Your Care:** PHI may be used or disclosed to family members or others designated by you as being involved in your care. This may include notifying such individuals who are waiting for you while you are being treated in our facility, or leaving telephone messages concerning your condition, your treatment, or your account, on answering machine or with family members. Such disclosures will be limited to minimum information necessary or to the extent of the person's involvement in your care. You have the right to object to such disclosures;
- ◆ **Disaster Relief/Response:** PEDIATRIC POD may disclose your PHI to a public or private entity that is authorized by law or by its charter to assist with disaster relief efforts;
- ◆ **Required by the Secretary of Health and Human Services:** PHI may be used or disclosed to demonstrate our compliance with the Health Insurance Portability and Accountability Act, if so directed by the Secretary;
- ◆ **Required By Law:** PHI may be used or disclosed to the extent required by law such as for the purpose of reporting abuse of neglect, in response to a judicial or administrative proceeding, or as may be required for law enforcement purposes. Such disclosures will be limited to the minimum information required by the law;
- ◆ **For Public Health Activities:** PHI may be used or disclosed for public health activities such as; preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting necessary for the Food and Drug Administration (FDA); to notify someone who may have been exposed to a communicable disease; or reports to employers about work injuries or work place surveillance;
- ◆ **To Report Victims of Abuse, Neglect, or Domestic Violence:** PHI may be used or disclosed to agencies authorized by law to receive reports about abuse, neglect, or domestic violence;
- ◆ **For Health Oversight Activities:** PHI may be used or disclosed to a health oversight agency for activities authorized by law, including audits, licensure activities, investigations, etc;



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- ◆ **Judicial or Administrative Proceedings:** PHI may be used or disclosed in response to an order of the court or administrative tribunal, subpoena, discovery request, or other lawful process;
- ◆ **For Law Enforcement:** In certain circumstances, PHI may be used or disclosed to law enforcement officials for law enforcement purposes;
- ◆ **To Coroners and Funeral Directors:** PHI about decedents may be used or disclosed to a coroner, medical examiner, or funeral directors to allow them to carry out their duties as authorized by law;
- ◆ **For Organ and Tissue Donation:** PHI may be used or disclosed to organizations authorized in the procurement, banking, or transplantation of cadaver organs or tissue;
- ◆ **For Research:** PHI may be used or disclosed for research studies that have been approved by an institutional review board as having established the necessary protocols to protect the privacy of PHI;
- ◆ **To Prevent an Imminent Threat to a Person or the Public:** PHI may be used or disclosed in situations where it is believed in good faith to be necessary to prevent or diminish the threat of imminent harm to the health or safety of a person or the public;
- ◆ **For Worker's Compensation Programs:** PHI may be used or disclosed as required to comply with worker's compensation and other similar programs;
- ◆ **To Business Associates:** PEDIATRIC POD may disclose your PHI to a Business Associate of ours (a third party) whom we have a contract with to perform a function on our behalf (such as billing or collections), as long as our contract requires that our Business Associate safeguard your PHI and keep it confidential.

Uses or Disclosures of PHI That Require Your Written Authorization

Any other use or disclosure of your PHI, not previously identified, will only be made upon receipt of your written authorization. Such authorizations will be requested by PEDIATRIC POD as needed. Your receipt of care may not be conditioned upon your approval of an authorization unless the sole reason for health care is to provide PHI to a third party (ex.: Physical examination for insurance eligibility), or treatment is part of a research study requiring your authorization.

You are entitled to revoke any authorization at any time, provided the revocation is in writing and except to the extent that PEDIATRIC POD has already taken action in reliance on your authorization, or if the authorization was a condition of obtaining insurance coverage. To revoke an authorization, please submit your written request to the Practice Manager.

Your Rights with Respect to Your Protected Health Information

Right to Request Restrictions: You have the right to request reasonable restrictions on the use or disclosure of you PHI, including uses and disclosures for treatment, payment, and operations. PEDIATRIC POD is not obligated to honor your requests; however, we will attempt to make reasonable accommodations. To request a restriction, please see the Front Desk for the proper form.

Right to Confidential Communications: You have the right to request confidential communications by alternative means or at alternative locations. For example you may request that we not contact you by phone, or not at your work location. PEDIATRIC POD will accommodate reasonable requests. To request confidential communications, please see the Front Desk for the proper form.

Right to Inspect and Copy Your Protected Health Information: With some exceptions, you have the right to inspect or copy your PHI that exists in a designated record set, for as long as that information is in the possession of PEDIATRIC POD. To inspect or copy you're PHI, please see the Front Desk for assistance.

Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made, with certain exceptions, within the six (6) years prior to the date of request. If you would like to receive and accounting of disclosures, please contact the Front Desk for the proper form.

Right to Receive Copies of This Notice of Privacy Practices: You have the right to receive a paper copy of our most current Notice of Privacy Practices at any time. If you would like to receive a copy, please ask the Front Desk.

If you are concerned that your privacy has been violated, you may contact the Practice Manager, You may also send a written complaint to the U.S. Dept of Health and Human Services. We will not retaliate against you for filing a complaint with us, or the government.

I have reviewed this offices Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature

Date