

# 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 carefully.

## *Our promise to you, our patient, your information is confidential*

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

### INTRODUCTION

We maintain protocols to ensure the security and confidentiality of your personal information. We have a security alarm in our office, passwords to protect databases, compliance audits and virus/intrusion software.

Within our practice, access to your information is limited to those who need it to perform their jobs.

At Child Health Care Associates, we are committed to treating and using protected health information about you responsibly. This notice applies to the information and records we have about your health, health status and the healthcare and services you receive at this office. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. This notice is effective 4/14/03, and applies to all protected health information as defined by federal regulations.

### YOUR MEDICAL RECORD

Each time you visit Child Health Care Associates, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care to treatment.

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Child Health Care Associates, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request.
- Inspect and copy your health information. You must submit a written request and if you request a copy, we may charge a fee for the costs of copying, mailing and or associated supplies.
- Request an amendment as provided by 45 CFR 164.526, a form must be completed and submitted.

or similar process, subject to all applicable legal requirements.

**Coroners, medical examiners and funeral directors:** We may release health information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death.

**Information not personally identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Family and friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgement, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke

- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528.
- Request confidential communication of your health information. For example, you can ask we only contact you at work or by mail.

### OUR RESPONSIBILITIES

We must have your written, signed consent to use and disclose health information for the following purposes:

**For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed and payment collected from you, insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Healthcare Operations:** We may use and disclose information about you in order to run the office and make sure you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how to become more efficient or whether new treatments are effective.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

**We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations**

**To avert a serious threat to health or safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required by law:** We will disclose health information about you when required to do so by federal, state or local law.

**Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your 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 at the office.

**Organ and tissue donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military veterans, national security and intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public health risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health oversight activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies 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 health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law enforcement:** We may release health information if asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons

your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for the purposes of treatment, payment or healthcare operations, we will have to have both your *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.