

HIPPA Policy

Primary Care Pediatrics and Family Medicine, P.C 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.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our staff and others outside of the office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the practice, and any other use required by law.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred, family practitioner, physical therapists, home health providers, laboratories, workman's compensation adjusters and nurse case managers, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you.

Payment:

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may disclose your protected health information to other health care providers and entities to assist in their billing and collection efforts. For example, obtaining approval for lab results, radiological test, prescription, physical therapy, etc., may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

Healthcare Operations:

We may use or disclose, as needed, your protected health information in order to operate the business . These activities include, but are not limited to: quality assessment, employee review, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to nursing school students or medical student that see patients at our clinics. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name to document that you presented for a visit. We may also call you by name in the waiting room when your health care professional is ready to see you.

Appointment Reminder:

We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Release of information to family and friend:

Our practice may release your protected health information to a friend or family member that is involved in your care, or who assists in taking care of you. 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.

Release of information in special circumstance:

We may use or disclose your protected health information in the following situations without your authorization. As required by law, these situations include, but are not limited to:

- reporting communicable diseases,
- public health reporting
- health oversight activities
- child or adult abuse or neglect,
- food and drug administration requirements to notify for potential drug side effect or reaction
- legal proceeding: Example in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding or 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.
- law enforcement: Example: Regarding criminal conduct at our office; in response to a warrant, summons, court order, subpoena or similar legal process , to identify/locate a suspect, material witness, fugitive or missing person
- Deceased Patients: Our practice may release protected information 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.
- research,
- criminal activity,
- national security,
- workers' compensation

- Inmates, and other required uses and disclosures.

Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object, unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

- **Inspection and copy:** You have the right to inspect and copy your protected health information. However there is fee to copy NOTE: There is a charge for copying a medical record or any part of a medical record. All fees will be paid in advance. This fee is set by the State of Alabama. Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.
- **Requesting restriction:** you have right to request restriction of your protected health information – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. NOTE: ALABAMA LAW STATES WE MUST PROVIDE ACCESS TO A CHILD'S MEDICAL RECORDS TO BOTH PARENTS UNLESS THERE IS A COURT ORDER PROHIBITING ACCESS. 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 you. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- **Confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.
- **Amendment:** You have the right to request an amendment to your protected 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. 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: accurate and complete; or not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- **Right to receive notice of a breach** – We will notify you if your protected health information has been breached.
- **Right to obtain a paper copy of this notice** from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice on our website at pcpedsfm.com

MINIMUM NECESSARY RULE

Our staff will not use or access your PHI unless it is needed to do their jobs. Our staff are trained in HIPAA Privacy and Security rules and sign a Confidentiality Policy with regards to keeping private your PHI. Also, we disclose to outside entities only as much of your PHI as is needed to accomplish the recipients' lawful purposes.

CHANGES TO PRIVACY POLICY

We reserve the right to change our privacy practices at any time as authorized by law. The changes will be considered immediate and will apply to all PHI we create or receive in the future. If we make changes, we will post the changed Notice on our website and in our office. Upon request, you will be given a copy of our current Notice.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Privacy Officer

Primary Care Pediatrics and Family Medicine P.C.

29869 Capshaw road, Harvest Al 35749

[256-262-1040](tel:256-262-1040)

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Privacy Officer.

Please note that by signing the Acknowledgment in the Department's CHR-3 you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.