

HIPAA – Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES FOR THE OFFICES OF:
Acclaim Pediatrics
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 MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact:

Acclaim Pediatrics
2626 S Carrier Pkwy Suite 300
Grand Prairie, TX 75052
(972) 642 7337
Please review this notice carefully.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by other health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide “call coverage” for your health care provider.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your child’s health, health status, and the health care and services your child received at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about your child and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways in which we may use and disclose your child’s health information.

Treatment

We may use health information about your child to provide your child with medical treatment or services. We may disclose health information about your child to doctors, nurses, technicians, office staff and other personnel who are involved in taking care of your child’s health. For example, your doctor may be treating your child for asthma and may need to know if your child may have other health problems that could complicate your child’s treatment. The doctor may use your child’s medical history to decide what treatment is best for your child. The doctor may also tell another doctor about your child’s condition

so that both doctors can help determine the most appropriate treatment.

Different personnel in our office may share information about your child and disclose information to people who do not work in our office in order to coordinate your child’s care, such as phoning in prescriptions to your child’s pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your child’s medical care outside this office and may require information about your child that we have.

Payment

We may use and disclose health information about your child so that the treatment and services your child receives at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your child’s health plan information about a service your child received here so your child’s health plan will pay us or reimburse you for the service. We may also tell your child’s health plan about a treatment your child is going to receive to obtain prior approval, or to determine whether your child’s plan will cover the treatment.

Health Care Operations

We may use and disclose health information about your child in order to run the office and make sure that your child and our other patients receive quality care. For example, we may use your child’s health information to evaluate the performance of our staff in caring for your child. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders

We may contact you as a reminder that your child has an appointment for treatment or medical care at our office.

Treatment Options

We may use and disclose your child’s health information to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services

We may use and disclose your child’s health information to inform you of health-related benefits or services that may be of interest to you and your child.

SPECIAL SITUATIONS

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

Release of information to Family/Friends

We may disclose health information about your child 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 judgment that you would not

HIPAA – Notice of Privacy Practices

object. For example, we may assume you agree to our disclosure of your child's personal health information to a family member or friend when you bring your family member or friend with you into the exam room during treatment or while treatment is discussed.

Disclosures Required by Law

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

Public Health Risks

We may disclose health information about your child 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 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.

Lawsuits and Disputes

If your child is involved in a lawsuit or a dispute, we may disclose health information about your child in response to a court or administrative order.

Subject to all applicable legal requirements, we may also disclose health information about your child in response to a subpoena.

Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Deceased Patients

We may release your child's health 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.

Organ and Tissue Donation

We may release your child's health information 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 your child is an organ donor.

Research

We may use and disclose your child's health information for research projects that are subject to special approval process. We will ask you for your written permission if the researcher will have access to your child's name, address or other information that reveals who your child is, or will

be involved in your child's care in the office. We may use and disclose your child's PHI for research purposes in certain limited circumstances.

Serious Threats to Health or Safety

We may use or disclose health information about your child 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.

Military, Veterans, National Security and Intelligence

If your child is or was 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 your child. We may also release information about foreign military personnel to the appropriate foreign military authority. Our practice may disclose your child's PHI if your child is a member of U.S. or foreign military forces and if required by the appropriate authorities.

Workers' Compensation

We may release health information about your child for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Information Not Personally Identifiable

We may use or disclose health information about your child in a way that does not personally identify your child or reveal who he/she is.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your child's health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about your child, you may revoke that Authorization, in writing at any time. If you revoke that Authorization, we will no longer use or disclose information about your child for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If your child has HIV or substance abuse information, we cannot release that information without a special signed, written authorization from you that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information that we maintain about your child:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your child's health information, such as medical and billing records, that we use to make decisions about your child's care. You must submit a written request to:

HIPAA – Notice of Privacy Practices

Acclaim Pediatrics

Attention Office Manager

in order to inspect and/or copy your child's health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your child's health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

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 if you ask us to amend information that:

- (a) We did not create, unless the person or entity that created the information is no longer available to make the amendment
- (b) Is not part of the health information that we keep.
- (c) You would not be permitted to inspect and copy.
- (d) Is accurate and complete.

Right to an Accounting of Disclosures

All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for purposes not related to treatment, payment or operations. Use of your child's health information as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to:

Acclaim Pediatrics

Attention Office Manager

All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to Request Restrictions

You have the right to request a restriction in our use or disclosure of your child's health information for treatment,

payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's health information 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

If we do not agree we will comply with our request unless the information is needed to provide your child emergency treatment.

We will not ask you the reason for your request. We will accommodate all reasonable requests. 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 any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact:

Acclaim Pediatrics

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 a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the HIPAA Privacy Rights Request Form to:

Acclaim Pediatrics

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office contact

Acclaim Pediatrics

Attention Office Manager

2626 S Carrier Pkwy Ste 300

Grand Prairie, TX 75052

(972) 642 7337

You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. We will post a summary of our current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.