

Advanced Pediatrics

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.

To Our Patients: The physicians and staff of Advanced Pediatrics have always been committed to the absolute protection of every patient's health information. The Health Insurance Portability and Accountability Act, requires that we provide notice to each of our patients of how this information is used.

We safeguard information about your health and person (Protected Health Information, "PHI"). We collect information from you and store it in a medical record, which may be electronically stored on computer. Our medical record charts are stored in a secure area and are available only to designated staff and only for specific reasons. If your record is computerized, we use security measures to protect it.

How We May Use and Disclose Your Protected Health Information.

We use your PHI in many ways to help in treatment, payment and clinic operations. Some examples include:

- Sending you an appointment reminder
- Obtaining your medical history and treatment and recording it in your chart
- Phoning in prescriptions
- Consulting a specialist about your care
- Providing a specialist with medical records
- Providing your PHI to an Emergency Room or Hospital
- Obtaining approval/payment from your health insurer(s) for treatment, tests or equipment
- We may use your PHI to create bills we submit to the insurance company
- Notifying you of test results
- Notifying family members upon your hospital admission
- Discuss your care with person responsible for taking care of you
- To provide treatment to you in the event there is a language or communication barrier

Our business associates that may have access to PHI are required to sign a written agreement protecting any use or disclosure of your PHI, in order to protect your privacy. For example, our medical record copying services, medical waste disposal services and transcriptionist services.

We may be required by law to use or share your PHI, without your written authorization, for the following:

- When required by federal, state and local law
- Public Health activities for reporting requirement (deaths, child abuse, domestic violence, gunshots, communicable disease, infectious disease control, Food and Drug Administration (FDA) compliance/reporting adverse events, product defects/recall, biological product defects, tracking FDA related products, etc.)
- Reporting victims of abuse, neglect or domestic violence
- Health oversight activities (audits, investigations and inspections)
- Judicial proceedings (valid Court Orders)
- Appropriate law enforcement requests
- Deceased person information (Coroners, Medical Examiners, Funeral Directors)
- Organ and tissue donation
- Medical Research
- Emergencies or to avert a serious threat to any person or the community
- Military Activities/National Security/Aversion of Criminal Activities
- Workers' Compensation
- Correctional institutions, parole or other law enforcement officials
- As required by the Secretary of the Department of Health and Human Services

How to direct use and disclose your PHI: Written Authorization.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. **YOU MAY REVOKE YOUR WRITTEN AUTHORIZATION AT ANY TIME, IN WRITING.** If you revoke your written authorization, it will apply to any future actions relating to the release of your PHI. There may be cases where we have already released your PHI prior to receiving your revocation.

Your Patient Privacy Rights.

You have the right to:

- **Inspect and copy your PHI.** You may make a written request to our clinic and pay the copying/ mailing fee to look at and receive a copy of your designated record set. The designated record set contains medical and billing records as well as other records we use to make decisions about your health care. We must respond within thirty (30) days (or sixty (60) days if extra time is needed). Under federal and state law, however, you may be denied access to inspect or copy the following records: psychotherapy notes, information compiled in the PHI that is subject to law that prohibits access to PHI. You may have the right to a review upon denial. Please contact the Clinic Privacy Officer if you have any questions about access to your medical record. Advanced Pediatrics Clinic Privacy Officer is Chief Executive Officer 703-938-5555 ext. 124
- **Request restrictions of your PHI.** You may ask to limit how we use or disclose any part of your PHI as explained above, except for the typical uses and disclosures described above. 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. You may request a specific restriction by writing the request and to whom the restriction applies on the authorization form. We do not have to agree to your request. In the event we agree, we will state the agreement in writing. We have the sole right to deny a request if unreasonable.
- **Request to choose how we communicate with you.** You have the right to ask that we send information to you in a specific manner. For example: Work address rather than home, or e-mail rather than regular mail. We must agree to your request as long as it would not be disruptive to our operations to do so. We may condition our agreement to honor your request by asking you for specific information as to the alternative address, method of contact and the cost. We will not request an explanation from you as to the basis for the request. You must make this request in writing, addressed to the Clinic Privacy Officer.
- **Request your doctor amend your PHI.** You may make a written request to our clinic for the doctor to consider amending the PHI in your designated medical record set to make it more accurate and complete or correct an error. You must state the reason for the request. We must respond within sixty (60) days (or 90 days, if extra time is needed). We may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. You then may have this reviewed by another provider. If we agree to make the change, we will ask you who to notify of the change. Please contact the Clinic Privacy Officer listed above if you have questions about amending your medical record.
- **Receive a copy of this Notice.** You may receive an additional paper or electronic copy of this Notice from us.

If you want to exercise any of these rights and would like assistance, please contact our Clinic Privacy Officer in person or in writing during our normal clinic hours.

Our Responsibilities.

We reserve the right to make changes to this Notice, which will affect the PHI we maintain at that time. Our duty, as your healthcare provider, is to maintain your privacy in accordance with law, abide by the terms of this privacy Notice, accommodate reasonable requests or notify you if we cannot, and provide you with a revised copy of this Notice. You can obtain a copy of any revised Notice by calling our clinic or visiting our clinic and picking up a copy.

- Notices are always available in our clinic for your review.
- This Notice is also published on our website.

Complaints.

If you believe your privacy rights have been violated, you may complain by providing a written statement to our clinic and to the Secretary of Health and Human Services (HHS) at: Office of Civil Rights, US Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F, HHH Building, Washington, D.C. 20201. **We will not retaliate against you for filing a complaint.** We will not require you to waive the right to file a complaint with HHS as a condition to receive treatment from us. You may also contact our Privacy Official if you have questions or comments about our privacy practices.

Thank you for allowing us to provide your healthcare and for your confidence in the strict privacy procedures we have established to protect your PHI.

ADVANCED PEDIATRICS
PRIVACY NOTICE ACKNOWLEDGMENT

The signature below acknowledges a copy of this Notice was RECEIVED (not necessarily read).

Date

Patient / Legal Representative Signature

State Capacity, if Legal Representative

Patient Name(s)

Date of Birth

1) _____

2) _____

3) _____

4) _____

Authorization to Treat My Child and Disclose Healthcare Information

As your medical providers, we are authorized to treat your child and discuss their protected health information (including diagnoses, test results, prescriptions and treatment plans) with all legal guardians, including both parents unless specified otherwise in a court document. If you would like to give permission for a different individual (such as a nanny, Au Pair, family friend, extended family members or siblings > 18 yo) to bring your child to receive treatment in our clinic, please list their names and relations below. By agreeing to this, you give us permission to: 1) treat your child in their presence and in your absence; and 2) share with them protected health information pertinent to the visit.

Name

Relationship to Patient

Phone Number

I understand that it is my responsibility to update this list in order to keep accurate those authorized persons to receive or use this patient(s) healthcare information.

Date

Patient / Legal Representative Signature

For Internal Use ONLY

Lack of Patient Acknowledgment:

Date Reason

Staff Signature