



## **NOTICE OF PRIVACY PRACTICES**

Updated June 26, 2014

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD(REN) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Penguin Pediatrics, including staff, physicians and other health care providers on our staff, use and share health information about you or your child(ren) for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We are committed to protecting health information about you or your child(ren). You or your child's health information is contained in a medical record that is the physical property of Penguin Pediatrics.

### **HOW WE MAY USE YOUR HEALTH INFORMATION**

**FOR TREATMENT.** We may use your or your child's health information to provide, coordinate or manage medical treatment or related services. Information obtained by a medical assistant, physician, or other member of the healthcare team will be recorded in the medical record and used to determine the course of treatment that will work best for you or your child.

**FOR PAYMENT.** We may use and disclose health information to bill and collect payment for treatment and services that are received. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you or your child(ren), as well as the diagnosis, procedures and supplies used in the course of treatment.

**FOR HEALTH CARE OPERATIONS.** We may use and disclose health information about you or your child(ren) for office operations. For example, you or your child's health information may be disclosed to other staff members to:

- Evaluate the performance of our staff
- Assess the quality of care
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide

**APPOINTMENTS/FOLLOW-UP CALLS.** We may use your or your child's information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care.

**INDIVIDUALS INVOLVED IN YOUR CARE.** We may share information with a family member or other person identified by you or who is involved in your or your child's care or payment related to that care. We may tell a family member or friend about you or your child's condition. If you do not want that information released to those involved in the care, see instructions for requesting a restriction under **YOUR HEALTH INFORMATION RIGHTS.**

### **HOW WE MAY DISCLOSE YOUR OR YOUR CHILD(REN)'S HEALTH INFORMATION OUTSIDE OF PENGUIN PEDIATRICS**

**REQUIRED BY LAW/PUBLIC HEALTH.** We may disclose information about you or your child(ren) when required to do so by federal, state or local laws. For example, we may disclose information for the following purposes:

- To respond to a court order, subpoena or deposition.
- To assist law enforcement officials in their duties to locate a suspect, fugitive or missing person.
- To report information related to victims of child abuse or neglect.
- To report reactions to medication or recalls of products.
- To federal and state agencies for oversight activities authorized by law such as investigation, inspections, audits, surveys and licensing. (Examples may include organizations that ensure the quality/safety of the care we provide).

**HEALTH RISKS.** You or your child's health information may be released for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability. We may disclose your or your child's health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

**HEALTH AND SAFETY.** We may disclose health information about you or your child(ren) to avert a serious threat to the health or safety of you, any other person or the public. Any disclosure would only be to someone able to help prevent the threat.

**DECEASED.** Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

**ORGAN/TISSUE DONATION.** If you or your child(ren) 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.

**RESEARCH.** We may disclose information for research purposes when Penguin Pediatrics has reviewed and approved the research proposal. Medical record information that identifies you or your child (children) will only be used when given permission for us to do so. Additionally, when given permission, RPA may contact you regarding research purposes.

**NATIONAL SECURITY.** We may disclose your or your child's health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law.

**TREATMENT ALTERNATIVES.** We may use and disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

**WORKERS' COMPENSATION.** Your or your child's health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **YOUR HEALTH INFORMATION RIGHTS**

In accordance with federal regulations and Penguin Pediatrics policies and procedures, you have the right to:

- Request a restriction on certain uses and disclosures of your or your child's health information.\* We will make every effort to honor your request. However, in some situations, we may be required by law to share the health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. Penguin Pediatrics is not required to agree to all requested restrictions.
- Request to inspect and/or obtain a copy of your or your child's health record.\*\* You have the right to request to inspect and/or obtain a copy of the health information and billing records. We may charge a fee for the costs associated with copying and/or mailing the information.
- Request to correct/amend information in your or your child's health record.\*\* If you feel that health information we have is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise the record.
- Request confidential communications. You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.
- Receive 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 the notice at any time.

\*In order to request a restriction on how your or your child's health information is used or to request confidential communication, you must complete a "Restriction of Health Information Request Form".

\*\*In order to request a copy, an inspection, a correction/amendment, or a listing of disclosures you must submit a request in writing to the Medical Records Department.

## **OBLIGATIONS OF PENGUIN PEDIATRICS**

We are committed to:

- Make sure that medical information that identifies you, your child(ren) is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to you or your child's health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how health information is used or disclosed.
- Accommodate reasonable requests for communications of health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose health information for reasons other than those listed above and permitted.

Penguin Pediatrics reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting them in our office, posting them on our website at [www.penguinpediatrics.com](http://www.penguinpediatrics.com) and upon your request; we will provide you with a copy of the most recent copy of our Notice of Privacy Practices.

## **CONTACT INFORMATION**

You may file a complaint to Penguin Pediatrics or to the United States Secretary of the Department of Health and Human Services if you believe your or your child's privacy rights have been violated. You will not be penalized for filing a complaint.

If you have any complaints or questions about information in this document, you may contact:

Penguin Pediatrics

44095 Pipeline Plaza, Ste 410, Ashburn, VA 20147 (571) 223-2229

# PENGUIN PEDIATRICS

## ACKNOWLEDGMENT OF PRIVACY PRACTICES

Abbreviated

*This is a summary of Notice of Privacy Practice. Read full version to sign acknowledgment.*

I understand that, under the Health Insurance Portability Act of 1996 (HIPAA), I have certain rights to privacy regarding my Individually Identifiable Health Information (IIHI).

I understand that this information can and may be used for:

- Treatment
- Payment for treatment or services
- Healthcare operations
- Appointment/Follow-up calls
- Coordinating healthcare care among individuals involved in your or your child(ren)'s care

I understand that my or my child's PHI may be disclosed to outside individuals if:

- Required by court order, law enforcement, and/or public health organizations
- Assisting to prevent or control disease, injury or disability in matters of public health
- Assisting to avert a serious threat to the health or safety of you, or any other person or the public
- Assisting funeral directors, medical examiners or coroners in the event of death
- Assisting in organ/tissue donations if your child is an organ donor
- For approved research purposes; patient identification will only be released with your permission
- Required by federal officials in matters of national security
- Recommending possible treatment alternatives
- Complying with Workers' Compensation cases

I understand that I have the right to:

- Request a restriction on the use and disclosure of my or my child's health record
- Request to inspect or obtain a copy of child's health record
- Request to correct or amend information in child's health record
- Request confidential communications
- Receive a paper copy of this notice

Penguin Pediatrics will not receive payment or other compensation from a third party in exchange for using or disclosing the *Notice of Privacy Practices*.

I do not have to sign this authorization in order to receive treatment from Penguin Pediatrics. I acknowledge that I have the right to refuse to sign this authorization notice. **I have read the full version of *Notice of Privacy Practices*.** When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Penguin Pediatrics has acted in reliance upon this authorization. My written revocation must be submitted to Penguin Pediatrics at:

Penguin Pediatrics  
44095 Pipeline Plaza, Ste 410  
Ashburn, VA 20147

Patient / Gaurdian Signature \_\_\_\_\_

For Office Use Only:

I attempted to obtain a signature in acknowledgement of this Notice of Privacy Practices but was unable to do so as documented below.

Date \_\_\_\_\_ Initials \_\_\_\_\_ Reason \_\_\_\_\_