

Mid Valley Pediatrics And Allergy Center

NOTICE OF PRIVACY PRACTICES

Effective: SEPTEMBER 2013

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 YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The following is the Notice of Privacy Practices of Mid Valley Pediatrics And Allergy ("Covered Entity") as described in the Health Insurance Portability and Accountability Act of 1996. HIPAA requires Covered Entity by law to maintain the privacy of your PROTECTED HEALTH INFORMATION (PHI). This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors may use or disclose your PHI to carry out TREATMENT, PAYMENT, and OR HEALTH CARE OPERATIONS (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PROTECTED HEALTH INFORMATION (PHI), is information about you which includes demographic information that may identify you and is related to your past, present, or future physical or mental health condition and related health care service.

Your Protected Health Information (PHI)

We collect PHI from you through treatment, payment, and related healthcare operations, the application and enrollment process, healthcare providers/health plans, or through other means. Your PHI that is protected by law broadly includes any past, present, and future healthcare information. Your PHI includes any information that is created or received through oral, written, or electronic communications by certain health care entities. These include health care providers, such as physicians and hospitals, as well as health insurance companies or plans. The law specifically protects health information that contains data consisting of (18) identifiers described in the HIPAA Privacy Rule including but not limited to your name, address, social security number, date of birth, and other information that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Protected Health Information

Generally, we may not use or disclose your Protected Health Information without your permission. Further, once your permission has been obtained, we must use or disclose your PHI in accordance with the specific terms of that permission. The following uses and disclosures require an authorization:

- Most uses or disclosures of psychotherapy notes;
- Uses and Disclosures of Protected Health Information for marketing purposes unless (a) the communication occurs face to face; (b) consists of marketing gifts or of nominal value; (c) is regarding a prescription refill reminder that is for a prescription currently prescribed or a generic equivalent; (d) is for treatment pertaining to existing condition(s) and Mid Valley Pediatrics And Allergy does not receive any financial remuneration in either case or cash equivalent; and or (e) communication from healthcare provider to recommend or direct alternative treatments, therapies, healthcare providers, or settings of care when Mid Valley Pediatrics And Allergy does not receive any financial remuneration for making the communication; and
- Disclosures that constitute a sale of Protected Health Information

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- **Without your Consent:** Without your consent, we may use or disclose your PHI in order to provide you with services and treatment you require or request. We may also disclose information without permission to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. In addition, we are permitted to disclosure of your PHI within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide those services or complete those activities.
- **Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. For example, your PHI may be provided to a physician to whom you have been referred, DME vendors, surgery centers/hospitals, referring physicians, family practitioner, physical therapists, home health providers, laboratories, worker comp adjusters and nurse care managers, etc., to ensure that the healthcare provider has the necessary information to diagnose or treat you.

- **Payment:** Your PHI will be used, as needed, to obtain payments for your health care services. For example, obtaining approval for medical services, dietary services, diagnostic testing, allergy testing, injection procedures, injection series, physical therapy, etc., may require that your relevant PHI be disclosed to the health plan to obtain approval for the procedure.
- **Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include but are not limited to: quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. In addition, we use a sign-in sheet at the front desk where you will be asked to sign your name/ child's name. We may also call you by name in the waiting area when you are ready to be seen.
- **As Required By Law:** We may release PHI about you when it is mandated by federal, state, or local law.
- **Workers Compensation:** We may release your PHI for workers' compensations or similar programs. These programs provide benefits for work-related injuries or illness.
- **Treatment Alternatives:** We may use and disclose your PHI to manage and coordinate your healthcare, and inform you of treatment alternatives that may be of interest to you. This may include telling you about treatments, services, products, and/or other healthcare providers.
- **Appointment Reminders:** We may use and disclose your PHI to provide a reminder to you about an appointment you have for treatment or medical care at Mid Valley Pediatrics And Allergy.
- **Business Associates:** There are some services provided to Mid Valley Pediatrics And Allergy through contacts with business associates. When these companies are contacted to perform services for Mid Valley Pediatrics And Allergy we may disclose your PHI to these companies so that they can perform the job we have asked them to do. However, to protect PHI, we require the business associate to appropriately safeguard your PHI.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine cause of death. We may also release PHI to funeral directors as necessary for them to carry out their duties.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement official, we may release your PHI to the correctional institute or law enforcement official. The release of PHI is required: (1) for the institution to provide you with health care (2) to protect your health and safety of others; and (3) for the safety and security of correctional institution.
- **All Other Situation, With Your Specific Authorization:** Except as otherwise permitted or required, as described above, we may not use or disclose your PHI without your written authorization. Further, we are required to use or disclose your PHI consistent with the terms of your authorization. You may revoke your authorization in writing to disclose and PHI at any time, except to the extent that we have taken action in reliance on such authorization or if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Your Rights With Respect to Your Protected Health Information

Under HIPAA, you have certain right in regards to your PHI. The following is a brief explanation of your rights and duties with respect to enforcing those rights.

- **Right to Request Restrictions**
You have the right and authority to request a restriction on the medical information we use or disclose for treatment, payment, and health operations. You also have the right to request a limitation on medical information disclosed about you to someone who is involved with your care or the payment for your care, like a friend or a family member.
 - While we are not required to agree to any request restriction, if we agree to restriction, we are bound not to disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to uses or disclosures that are otherwise required by law.
- **Right to Request Restriction on Released Information for Certain Services**
You have the right under the American Recovery and Reinvestment Act, Section 13405(a) to request Mid Valley Pediatrics And Allergy to restrict disclosures of PHI to a health plan for purposes of carrying out payment or healthcare operations if the PHI pertains solely to a healthcare item or service for which Mid Valley Pediatrics And Allergy has been paid out of pocket in full at time of service.
- **Right to Breach Notification**

As required by the law, Mid Valley Pediatrics And Allergy will notify you in the event that a breach of your PHI occurs.

➤ **Right to Request Confidential Communication**

You have the right to receive confidential communications of your PHI. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contains a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of PHI from us by alternative means or at alternative locations.

➤ **Right to Inspect and Copy Your Protected Health Information**

Your designated record set is a group of records we maintain that includes Medical Records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for (a) psychotherapy notes, (b) proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not in a readable hard copy form or such other form or format. We may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation. Upon denial of a request for access or request of information we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

➤ **Right to Amend Your Protected Health Information**

You have the right to request that we amend your PHI or a record about you that you feel is incorrect or incomplete. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your PHI that is subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received PHI of yours prior to amendment and persons that we know have the PHI that is subject of the amendment and that may have relied, or could foreseeably rely on such information to your detriment. All requests for amendment shall be sent to Mid Valley Pediatrics And Allergy Compliance Officer.

➤ **Right to Receive an Accounting of Disclosures of Your Protected Health Information**

You have the right to receive a written accounting of all disclosures of your PHI that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name, and if known, the address of the entity or person who received the information, a brief description of the information enclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our rights to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting of disclosures to you in any twelve (12) month period without charge, but we will impose a reasonable cost-based fee for responding to each subsequent request for accounting within the same twelve (12) month period. All requests for an accounting shall be sent to Mid Valley Pediatrics And Allergy Compliance Officer.

➤ **Right to Paper Copy of This Notice**

We will provide you with a copy of the most recent revision of this Privacy Policy at any time upon your written request sent to Mid Valley Pediatrics And Allergy Compliance Officer. For any other request or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint with us, please contact Mid Valley Pediatrics And Allergy Compliance Officer.

Complaints

If you believe your privacy rights may have been violated or you wish to file a complaint about our privacy practices, you may contact Mid Valley Pediatrics And Allergy Compliance Officer by phone or by a submission of your complaint in writing. You also have a right to file a complaint with the Secretary of U.S. Department of Health and Human Services. A complaint must name the entity that is subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or

filed with a Secretary of HHS within 180 days of when you knew or should have known the act or omission complained of occurred. You will not be penalized for filing any complaint.

Amendments to this Privacy Policy

We reserve the right to revise this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to the Privacy Policy, or changes in the law affecting this Privacy Notice, within 60 days of the effective date of such revisions, amendment, or change.

Contact Information for Mid Valley Pediatrics And Allergy Center, Compliance Officer

Poonam Pathak, Compliance Officer

Phone: 956-969-2609

Fax: 956-973-0413