

## NOTICE OF PRIVACY PRACTICES

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

Pediatric Associates, P.S.C., is committed to protecting the privacy and security of your child's protected health information ("PHI"). Protected health information is information about your child, including demographic information that may identify your child and that relates to your child's past, present or future physical or mental health information and related health care services.

Pediatric Associates is required by law to maintain the privacy of your child's PHI and to provide you with this notice regarding our legal duties and our privacy practices with respect to your child's PHI so that you will understand your rights, our legal duties, and how we may use or disclose PHI about your child.

Pediatric Associates may use or disclose your child's PHI:

- To you or someone who has the legal right to act on behalf of your child;
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your child's privacy is protected;
- To law enforcement officials when investigating and/or prosecuting alleged or civil or criminal actions;
- Where required by law to the extent necessary to meet requirements of those laws.

### **Primary Uses and Disclosures of PHI**

Pediatric Associates has the right to use or disclose your child's PHI to administer treatment, payment, and other health care operations (TPO). Permission to use or disclose PHI for TPO is the same whether the PHI was created before or after the HIPAA privacy compliance deadline. By signing this Privacy Notice you are agreeing that Pediatric Associates may use/disclose your child's PHI, for example:

- To any healthcare service providing services to your child upon referral by Pediatric Associates;
- To your insurance company to process your claims;
- To your child's school or day care for purposes of communicating current vaccination status or medication needs;
- To a lab to carry out tests to aid in diagnosis;
- To your pharmacy to administer medications; or
- To an outside source for purposes of confirming your child's appointments.

### **Other Permitted Uses and Disclosures of PHI**

Pediatric Associates has the right to use or disclose your child's PHI for the purposes listed below without consent or authorization. All such disclosures will be made consistent with requirements of applicable federal and state laws. When state law is more stringent than federal, such uses/disclosures will be made consistent with state law.

- **As Required by Law:** The use or disclosure will be made in compliance with the law and limited to relevant requirements of the law. You will be notified of any uses or disclosures.
- **For Public Health Activities:** Such a disclosure will be made for purposes of controlling disease, injury or disability. We may disclose your child's PHI, if directed by the public health authority, with a foreign government or agency that is collaborating with the public health authority.
- **Regarding Victims of Abuse, Neglect or Domestic Violence:** We may disclose your child's PHI, for example, to a public health agency authorized by law to receive reports of abuse or neglect if it is believed that the child has been a victim.

- For Health Oversight Activities: Such disclosures may be made to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- For Business Associates: Some services are provided through contracts with Business Associates.
- For Payment for Your Health Care Services: We may disclose PHI to any person identified by you for payment for your health care services.
- For Judicial and Administrative Proceedings: Such disclosures would be made in response to a court or administrative order.
- For Law Enforcement Purposes: For example, we may disclose PHI if asked to do so by a law enforcement official to identify or locate a suspect or material witness, or in an emergency to report a crime including the description, identity, or location of the perpetrator.
- Regarding Decedents: Such as to coroners, medical examiners or funeral directors.
- For Cadaveric Organ, Eye or Tissue Donation and Transplantation Purposes.
- For Research: Such disclosures may be made to a research agency that has been approved by an institutional review board ensuring the privacy of your child's PHI.
- To Avert Serious Threat to Health or Safety: We may, for example, disclose PHI of an individual admitting participation in a violent crime that we reasonably believe may have caused serious harm to the victim.
- For Specialized Government Functions: Such as military, national security and intelligence activities, correctional institutions, other law enforcement custodial situations.
- For Worker's Compensation: Such uses/disclosures may be made in compliance with workers' compensation laws.
- For Benefits and Services: We may use or disclose PHI about your child to tell you about possible health care options that may be of interest to you.
- Electronic Storage and Transmission: We may transmit your health information electronically.
- For Data Breach Notification Purposes.
- For Marketing: We must receive your authorization for any use or disclosure of PHI for marketing.
- For Confidentiality of Psychotherapy Notes: We must receive your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator for treatment, for use for its own training programs in which students or practitioners learn under supervision, for use or disclosure by Pediatric Associates to defend itself in a legal action brought by you, to be compliant with HIPAA regulations, or required by law.

### **Other Uses and Disclosures Requiring Your Authorization**

By law, Pediatric Associates must have your written permission (an "authorization") to use or disclose your child's PHI for any purpose not set forth in this notice. You may take back ("revoke") your written permission at any time, except if Pediatric Associates has already acted based on your permission.

### **Your Rights Regarding Protected Health Information About Your Child**

By law, you **have the right** to:

- Ask Pediatric Associates to communicate with you in a confidential manner or at a different place (for example, sending materials to a PO Box instead of your home address).
- Right to request a restriction or limitation on the protected health information we use or disclose about your child. However, Pediatric Associates may not be able to agree to your request if the information is used to conduct operations in the manner described above.
- Request access to your child's PHI. The request must be submitted in writing and is subject to review under Privacy Rule guidelines.
- Request to amend your child's PHI. The request must be submitted in writing and include your reason for requesting the amendment. The request will be reviewed under Privacy Rule guidelines. We may deny your request if the information was not created by us.
- Right to a paper copy of this privacy notice.

For more information regarding your privacy rights and our procedures to accommodate those rights, you may visit our web site, [www.pediatricassociatesnky.com](http://www.pediatricassociatesnky.com) or call 859-341-5400 and ask for Pediatric Associates' Privacy Officer.

If you believe your child's privacy rights have been violated, you may file a complaint with us at the location described below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Pediatric Associates, P.S.C.  
2865 Chancellor Drive  
Suite 225  
Crestview Hills KY 41017  
Attention: HIPAA Privacy Request

In the event of any breach of unsecured PHI, we shall fully comply with the HIPAA/HITECH breach notification requirements, which will include notification to you of any impact that breach may have had on you, your child and/or your other family member(s) and actions we undertook to minimize any impact the breach may or could have on you or your child.

By law, Pediatric Associates is required to abide by the terms of this Privacy Notice. Pediatric Associates has the right to change the way your child's PHI is used and given out. If Pediatric Associates makes any material changes to the Privacy Notice, a new notice will be posted in all lobbies and on the web site. Parents will be asked to sign a new consent form at the child's first visit following the change. A copy of the most current Privacy Notice is available at the front desk of all office locations. The effective date of this Notice is September 1<sup>st</sup>, 2013.