

RIVER HILLS PEDIATRICS- NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW CAREFULLY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE ACCESSED, USED, AND DISCLOSED.

River Hills Pediatrics is required by law to maintain the privacy and protection of health information for our patients. We wish to provide individuals with notice of our legal duties and privacy practices with respect of protected health information.

This notice describes how we may use or disclose your "protected health information" for various purposes. It also describes your rights to access and control your protected health information. Protected health information is information about you that may identify you and that relates to your past, present, or future physical/ mental health condition and related health care services.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Upon your request, we will provide you with any revised Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice. Following are examples of the types and uses and disclosures that our practice is permitted to make.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information as necessary to a home health agency that provides care to you. We also will disclose protected health information to other physicians who may be treating you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at our request, becomes involved in your care.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

HEALTH CARE OPERATIONS: We may use your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, business planning and development, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We will share your protected health information with third party business associates that perform various activities as billing and transcription services for our practice.

USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization at any time, in writing, except to the extent that your physician or our practice has taken action in reliance on the use or disclosure indicated in the authorization.

USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY FOR YOU TO AGREE OR TO OBJECT

We may also use your protected health information in the following instances. In these instances, you have the opportunity to agree or object to or restrict the use of all or part of your protected health information. If you are not present or able to agree or object to the use of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your best interests.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify with your protected health information that directly relates to the person's involvement in your health care or payment related to your health care.

DISASTER RELIEF: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief and to coordinate uses and disclosures to family or other individuals involved in your health care.

DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use or disclose your protected health information in the following situations without your authorization or opportunity to agree or object as follows:

REQUIRED BY LAW: We may disclose your protected health information to the extent that the use or disclosure is required by law.

PUBLIC HEALTH: We may disclose your protected health information to a public health authority that is permitted by law to collect the information for the purpose of controlling disease, injury or disability.

COMMUNICABLE DISEASE: We may disclose your protected health information, as authorized by law, to a person who may have been exposed to a communicable disease.

HEALTH OVERSIGHT: We may disclose protected health information to a health oversight agency of activities authorized by law, including audits, investigations, and inspections. These include government agencies, government benefits programs, and other government regulatory agencies.

ABUSE OR NEGLECT: We may disclose your protected health information to public officials who are authorized by law to receive reports of abuse, neglect, or domestic violence.

FOOD AND DRUG ADMINISTRATION: We may disclose your protected health information to a company subject to the jurisdiction of the Food and Drug Administration to report adverse events, product defects, or biological product deviations or conduct post marketing surveillance as required.

LEGAL PROCEEDINGS: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal.

LAW ENFORCEMENT: We may also disclose protected health information for law enforcement purposes including legal process required by law or court order, request for identification and location, request pertaining to victims of a crime, and alerting law enforcement officials in event of a death, crime, or medical emergency.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION: We may disclose protected health information to such persons and agencies as authorized by law.

RESEARCH: We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

THREATENING ACTIVITY: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose this information if necessary for law enforcement authorities to identify or apprehend an individual.

MILITARY ACTIVITY AND NATIONAL SECURITY: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose this information to authorized federal officials for conducting national security and intelligence activities.

WORKERS' COMPENSATION: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

CORRECTIONAL INSTITUTIONS AND OTHER LAW ENFORCEMENT CUSTODIAL SITUATIONS: We may disclose your protected health information to a correctional institution where you are an inmate or other law enforcement official having lawful custody of you as necessary for (1) the provision of health care in such individuals; (2) the health and safety of such individuals, other inmates, officers or employees or others at the correctional institution; (3) the health and safety of officers and individuals transporting and transferring inmates; (4) law enforcement on the premises of the correctional institution; and (5) administration and maintenance of the safety, security, and good order of the correctional institution.

REQUIRED USES AND DISCLOSURES

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your protected health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a "designated record set" for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and our practice use for making decisions about your care. Under federal law however, you may not inspect or copy the following records: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have a decision to deny access reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.
- You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected information for the purposes of treatment, payment or health care operations. 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 or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician. You may request a restriction by contacting the Privacy Contact at our office.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request, except that you must clearly state that the disclosure of all or part of protected health information could endanger you. Please make this request in writing to our Privacy Contact.
- You may have the right to have us amend your protected health information about you in a designated record set for as long as we maintain this information. In certain cases, 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 and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures other than (1) for treatment payment or health care operations; (2) to you; (3) made pursuant to your authorization; (4) incident to a use or disclosure otherwise permitted or required; (5) to persons involved in your care, (6) for national security or intelligence purposes; or (7) to correctional institutions or law enforcement officials. You have a right to receive such accounting of disclosures in the six years prior to the date you request the accounting, however, you may request a shorter time frame. You have the right to receive specific information regarding these disclosures that occurred after April 13, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

MAKING A COMPLAINT

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you in any way for filing a complaint.

PRIVACY CONTACT

You may contact our Privacy Contact at (859) 781-1310 for further information about the complaint process or if you have other questions about this notice.

EFFECTIVE DATE

This notice was published and becomes effective on April 14, 2003.