



## PROVIDER NOTICE OF PRIVACY PRACTICES

Updated November 10, 2014

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.

**Uses and Disclosures:** We use health information about your child for treatment, sometimes to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that your child receives. Continuity of care is part of treatment and your child's records may be shared with other providers to whom you are referred. We will ask for your written authorization before using or disclosing an identifiable health information about your child.

**Your rights:** In most cases, you have the right to look at or get a copy of health information about your child. If you request copies, we will charge you only normal photocopy fees. If you believe that information in your child's record is incorrect, you have the right to request that we correct the existing information.

**Our legal duty:** We are required by law to protect the privacy of your child's information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the caregiver lounge. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the director.

**Complaints:** If you are concerned that we have violated you or your child's privacy rights, or you disagree with a decision we made about access to your records, please contact the director or office manager. You also may send a written complaint to the U.S. Department of Health and Human Services.

### PROVIDER NOTICE DETAIL

**Uses and Disclosures of Protected Health Information:** Following are examples of the types of uses and disclosures of your child's protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

- **Treatment:** We will use and disclose your child's protected health information health information to provide, coordinate, or manage your child's health care and any related services. For example, your child's protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.
- **Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, other patients in the treatment or waiting area may see, or overhear discussion of, your child's health information.



- **Payment:** Your child's protected health information will be used, as needed, in activities related to obtaining payment for your child's health care services. For example, obtaining approval for a therapy payment may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval.
- **Healthcare Operations:** We may use or disclose, as-needed, your child's protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your child's medical record.
- **Business Associates:** We may share your child's protected health information with a third party 'business associate' that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use of disclosure of your child's protected health information, we will have a written contract that contains terms that will protect the privacy of your child's protected health information.

**Written Authorization:** Other uses and disclosures of your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing.

**Opportunity to Object:** We may use and disclose your child's protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclose is in your best interest.

- **Emergencies:** In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.
- **Communication Barriers:** We may use and disclose your child's protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

**Without Opportunity to Object:** We may use or disclose your child's protected health information in the following situations without your authorization or opportunity to object:

- **Public Health:** for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your child's disease.
- **Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, if we believe that your child has been a victim of abuse, neglect, or domestic violence.
- **Legal Proceedings:** in the course of legal proceedings.
- **Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- **Compliance:** to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.



## **Your Rights**

You have the right to:

- Inspect and copy your child's protected health information. However, we may refuse to provide access to certain information for a civil or criminal proceeding.
- Request a restriction of your child's protected health information. You may ask us not to use or disclose certain parts of your child's protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your child's care. 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, but if we do agree, then we must act accordingly.
- 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.
- Ask us to amend your child's protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.