

MEADVILLE PEDIATRICS, PC

NOTICE OF PRIVACY PRACTICES

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

Meadville Pediatrics, PC is dedicated to maintaining the privacy of your child's individually identifiable health information (IIHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to him/her. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's IIHI
- Your child's privacy rights in their IIHI
- Our obligations concerning the use and disclosure of your child's IIHI

The terms of this notice apply to all records containing your child's IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

How do we typically share your child's health information?

We typically use or share your health information in the following ways:

- **Treat your child-** We can use your child's IIHI and share it with other professionals who are treating your child. We may use your child's IIHI to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members access to your child's information according to their primary job functions. Everyone on our staff is required to sign a confidentiality agreement. Our practice may use your child's IIHI to treat your child. For example, we may disclose as follows: To order lab tests which may help us reach a diagnosis; Send to a pharmacist when we order a prescription; Treat or assist others in the treatment of your child; Inform you of potential treatment options or alternatives or programs, such as an Asthma or Diabetes program; To others who you have given permission to bring your child to our office for treatment such as a babysitter or grandparent; To other healthcare providers for purposes related to treatment;
- **Disclosure-** We may disclose and/or share your child's IIHI with other health care professionals who provide treatment and/or services to your child. These professionals will have a privacy policy similar to this one. Health information about your child may also be disclosed to your family, friends and/or other persons you choose to involve in your child's care.

- **Run our organization-** We can use and share your child's IIHI to run our practice, improve your care and contact you whenever necessary
- **Bill for your services-** We can use and share your child's IIHI to bill and get payment from health plans or other entities
- **Help with public health and safety issues-** We can share your child's IIHI for certain situations such as: Preventing Disease; Product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect or domestic violence; Preventing or reducing a serious threat to anyone's health or safety; Maintaining vital records such as births and deaths; Notifying persons regarding potential exposure to communicable disease; Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- **Research-** We can use or share your child's IIHI for health research
- **Comply with the law-** Regarding a crime victim in certain situations, if unable to obtain the parent's agreement; Concerning a death we believe resulted from criminal conduct; We will share IIHI if federal or state law requires it, including with Department of Health and Human Services. Our practice may use and disclose your child's IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's IIHI to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Organ Donation-** We can share your child's IIHI with organ procurement organizations
- **Healthcare Operations-** Our practice may use and disclose your child's IIHI to operate our business. For example (but not limited to): Evaluate the quality of care your child receives from us or to conduct cost-management and business planning activities for our practice; To contact you and remind you of your child's appointment; To inform you of health related benefits that may be of interest to you; When we are required to do so by federal, state and local law

YOUR PRIVACY RIGHTS AS OUR PATIENT

When it comes to your child's health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

- **Get an electronic or paper copy of your child's medical record.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes.. You can ask to see or get an electronic or paper copy of your child's medical record and other health information we have about your child. You will need to submit the appropriate request form. Contact our Privacy Officer for a copy of the form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$1.42 pages 1-20; \$1.05 pages 21-60; and \$0.34 pages 61+. Payment must be made before records will be copied. If requested to be electronically copied on a CD, cost is \$5.00.** We can also provide a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to correct your child's medical record-** You can ask us to correct health information that you feel is incorrect or incomplete. Your request must be in writing and must include an explanation why the information should be amended. Under certain circumstances, your request may be denied.
- **Request confidential communications-** You can request that we communicate with you about your child's health in a particular manner or at a certain location, ex-you may ask us to only contact you at work. In order to request this type of confidential communication, you must make written request to our Privacy Officer, specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.
- **Ask us to limit what we use or share-** You can ask us NOT to use or share certain information for treatment, payment or our operations. We are not required to agree to your request and we may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information-** You can ask for a list of certain non-routine disclosures our practice has made of your child's IIHI for non-treatment, non-payment or non-operations purposes. The use of your child's IIHI as part of the routine patient care in our practice is not required to be documented. We will provide one accounting per year, free of charge, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **File a complaint if you feel your rights are violated-** If you believe your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, send your complaint, in writing, to our Privacy Officer. You will not be penalized for filing a complaint.

HOW TO CONTACT US:

Meadville Pediatrics, PC
Attn: Privacy Officer
765 Liberty Street
Suite 111
Meadville, PA 16335
Phone: 814.336.6384
Fax: 814.724.2771