

Pediatrics and Adolescent Medicine, P.A.

**NOTICE OF PRIVACY PRACTICES TO THE PARENTS OF OUR PATIENTS
AND TO OUR PATIENTS**

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 HEALTH INFORMATION
MAY BE USED AND DISCLOSED, AND HOW OUR
PATIENTS CAN GET ACCESS TO THEIR INDIVIDUALLY
IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE
CAREFULLY.**

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your identifiable health information (IHI). In conducting our business, we will create records regarding your child's treatment and services provided. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide our families with this notice of our legal duties and the privacy practices that we maintain in our practice concerning IHI. By federal and state law, we must follow the terms of this notice of privacy practices that we currently have in effect.

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

- How we may use and disclose IHI
- Privacy rights in IHI
- Our obligations concerning the use and disclosure of IHI

The terms of this notice apply to all records containing IHI that are created or retained by PAMPA. 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 records that our practice has created or maintained in the past, and for any 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 on our Web sites, and anyone may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Susan Sevin, Practice Manager @ 770-973-4700, ext. 327

C. WE MAY USE AND DISCLOSE YOUR CHILD'S IDENTIFIABLE HEALTH INFORMATION (IHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IHI.

1. Treatment. Our practice may use IHI for treatment purposes. For example, we may ask our patients to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use IHI in order to write a prescription for your child, or we might disclose IHI to a pharmacy when we order a prescription for your child. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose IHI in order to treat or to assist others in your child's treatment. Additionally, we may disclose IHI to others who may assist in your child's care, such as your parents/guardians, other relatives, caretakers.

Finally, we may also disclose IHI to other health care providers for purposes related to treatment.

2. Payment. Our practice may use and disclose IHI in order to bill and collect payment for the services and items received from us. For example, we may contact a health insurer to certify eligibility for benefits (and for what range of benefits), and we may provide the insurer with details regarding treatment to determine if the insurer will cover, or pay for, your child's treatment. We also may use and disclose IHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use IHI to bill you directly for services and items. We may disclose IHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose IHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child's IHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders and Test result calls. Our practice may use and disclose IHI to remind our patients of an appointment and test results, either by phone, mail, or e-mail. (This includes leaving messages on voice mails and answering machines.)

5. Treatment Options, Health-Related Benefits/Services. Our practice may use and disclose IHI to inform our families of potential treatment options or alternatives as well as health-related benefits/services that may of interest to them.

6. Release of Information to Family/Friends. Our practice may release IHI to a friend or family member that is involved in a patient's care. For example, a parent or guardian may ask that a babysitter or neighbor take their child to the office for treatment of a cold. In this example, the babysitter or neighbor may have access to your child's medical information.

7. Disclosures Required By Law. Our practice will use and disclose IHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR CHILD'S IHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose identifiable health information:

1. Public Health Risks. Our practice may disclose IHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult known to our patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose IHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose IHI in response to a court or administrative order and if you are involved in a lawsuit or similar proceeding. We also may disclose IHI in response 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 our families of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices

- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Research. Our practice may use and disclose IHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's IHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI (patient health information) will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

6. Serious Threats to Health or Safety. Our practice may use and disclose your child's IHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. National Security. Our practice may disclose IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. Workers' Compensation. Our practice may release IHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR CHILD'S IHI

You have the following rights regarding the IHI that we maintain about your child:

1. Confidential Communications. You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Susan Sevin, Practice Manager, 770-973-4700, ext. 327** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests with consideration to your child's confidentiality. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child's IHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's IHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are**

not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of IHI, you must make your request in writing to **Susan Sevin** (see above). Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply; and
- (d) what period of time the restrictions are to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about your child consistent with confidentiality guidelines, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Susan Sevin, Practice Manager, 770-973-4700, ext. 327** in order to inspect and/or obtain a copy of your child's IHI. Our practice may charge a fee consistent with state guidelines for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such a review.

4. Amendment. You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Susan Sevin, Practice Manager, 2155 Post Oak Tritt Rd., Suite 100, Marietta, GA 30062**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI originated and kept by or for the practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's IHI for non-treatment, non-payment or non-operations purposes. Use of your child's IHI as part of the routine patient care in our practice is not required to be documented or accounted for. For example, a doctor sharing information with the nurse; or the billing department using your child's information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Susan Sevin, Practice Manager, 770-973-4700, ext. 327**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you consistent with state guidelines for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Effective Date of this Notice: 4/14/03

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Susan Sevin, Practice Manager, 770-973-4700, ext. 327.**

7. Right to File a Complaint. 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 practice, contact **Susan Sevin, Practice Manager, 770-973-4700, ext. 327.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's IHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Susan Sevin, Practice Manager, 2155 Post Oak Tritt Rd., Suite 100, Marietta, GA 30062.**

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