

All About Children Pediatric Partners PC

Mailing Address: PO Box 6946, Reading, PA 19610-6946

Telephone: 610-372-9222 Fax: 610-372-0232

NOTICE OF PRIVACY PRACTICES

We may be required to disclose your personal health information from our records for the following purposes to the persons/institutions indicated: (the minimum needed will be given out)

- Treatment - to other providers to provide coordinated care for your child
- Payment - insurance companies (third party payers)
- Health care operations - hospitals, pharmacies
- With a valid authorization from you to the person(s) specified - which you may revoke at any time
- Immunization records to schools or other persons with need to know
- To you if you request it
- If subpoenaed for legal proceedings
- To avert a serious public health threat
- If abuse or domestic violence is alleged

Your rights:

- You may request restrictions, but we are not obligated to accept your restrictions. If we do accept your restriction, we will comply fully.
- You may inspect or request a copy of your health record at any time. However there is a charge for copying the record set by the state of Pennsylvania.
- You may request amendments to your personal information unless we did not create the record. We need not make the amendment but must include your request for amendment as part of your personal health information.
- You may request an accounting for the prior 6 years (but no earlier than the effective date of this notification) of what disclosures we have made.
- You may request a paper copy of this notice.

Our duties:

- We will continue to make certain your rights and privacy are protected and that we carry out our responsibilities to you.
- We welcome your comments and criticisms. Please notify our practice manager Kimberly Bush. at 610-372-9222 If we cannot resolve the issue for you, you have the right to file a grievance and make a complaint to the US Department of Health and Human Services.

CONSENT FOR DISCLOSURE

I consent to the use and disclosure protected health information concerning my child by AACPP strictly for the purpose of treatment, payment, and healthcare operations. I have reviewed the Notice of Privacy Practices above and know that I may request a personal copy of the privacy practices. I may submit a request for a restriction in writing but understand that AACPP may deny my request. I may revoke my permission at any time in writing to the Office Manager at AACPP but I understand that information given out prior to receipt of the revocation may still be used for purposes of treatment, payment, and healthcare operations. My signature below indicates my consent to use and disclosure of protected health information on my child for purposes of treatment, payment, and healthcare operations.

Signature of Parent or Surrogate Decision Maker / Relationship to patient (s)

Date

Names of children in family: _____

Practice Use only: Consent was not obtained for the following reason: Indirect treatment relationship
treatment Substantial communication barrier Refusal to sign Other: _____

Emergency

Practice signature _____ Date: _____

Witness: _____ Date: _____

Rev./12/07

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- * basis for planning care and treatment
- * means of communication among the many health professionals needed to give high quality healthcare
- * legal document describing care given
- * means for verifying that services billed were actually provided
- * a tool in educating health professionals
- * a source of data for medical research
- * a source of information for public health officials charged with improving the health of the nation
- * a source of data for facility planning and marketing
- * a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in the health record and how health information is used helps you to:

- * ensure its accuracy
- * better understand who, what, when, where, and why others may access your health information
- * make more informed decisions when authorizing disclosure to others

Your Health Information Rights

- * **Communications.** You can request that our practice communicate with you about your 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. We will accommodate reasonable requests.
- * You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information 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 you.
- * You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our HIPAA Compliance Officer at the above address and phone number.
- * You may ask us to amend your health information if you believe it is incorrect or incomplete, and 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 our HIPAA Compliance Officer at the above address and phone number. You must provide us with a reason that supports your request for amendment.
- * **Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
- * **Right to file a complaint.** If you believe your 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 to our HIPAA Compliance Officer at the above address and phone number. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- * **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.

Our Responsibilities

AACPP, PC is required to

- * maintain the privacy of your health information,
- * provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain,
- * abide by the terms of this notice,
- * notify you if we are unable to agree to a requested restriction,
- * accommodate reasonable requests you may have to communicate health information,

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide copies of updated information at the office for you to obtain should you desire. We will not use or disclose health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, and Health Operations:

- * *For treatment:* Information obtained by a nurse, physician, or other healthcare team member will be recorded in your record and used to determine the course of treatment that should work best. Expectations of healthcare team members will be documented, and team members will record the actions they took and observations made. This information will be used to determine response to treatment/
- * *For payment:* A bill including information that identifies you, your child, diagnosis, procedures, and supplies used may be sent to you or a third-party payer (insurance company)
- * *For regular health operations:* Members of the medical staff may use health record information anonymously to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.
- * *Business associates:* All our business associates (e.g. laboratory, radiology, hospitals, transcription services, billing services, home nursing care) are required to appropriately safeguard healthcare information.
- * *Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or other authorized person the location and general condition of a patient.
- * *Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your child's care or payment related to that care.
- * *Research:* We may disclose information anonymously to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. This would occur only after specific approval on your part.
- * *Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.
- * *Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- * *Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events to enable product recalls, repairs, or replacement.
- * *Workers compensation/disability:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation, disability, or other similar programs established by law.
- * *Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- * *Correctional institution:* We may disclose to a correctional institution or agents thereof health information necessary for the health and safety of a patient or other individuals.
- * *Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- * *Federal law* makes provision for health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associated believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

For More Information or to Report a Problem

If you have questions or would like additional information, you may call 610-372-9222 and ask for the HIPAA coordinator for the office which you attend. If you believe your privacy rights have been violated, you can file a complaint with our office manager at our office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

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