



*Policy effective date: 4-14-2003*

*Revised January 2014*

**PEDIATRIC HEALTH ASSOCIATES**  
**HIPAA 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. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the HIPAA compliance officer.

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes our office's practices and that of:

All employees and staff at the following locations:

- 636 Raymond Drive Suite 205 Naperville, IL 60563
- 946 North Neltner Suite 120 West Chicago, IL 60185
- 24600 W. 127<sup>th</sup> St. Unit 2 Building B Plainfield, IL 60585
- 396 Remington, Suite 100 Bolingbrook, IL 60440

All these locations follow the terms of this notice. In addition, locations may share medical information with each other for treatment, payment or practice operations described in this notice.



## **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about your children and their health is personal. We are committed to protecting their medical information. We create a record of the care and services they receive at our offices. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your children's records.

This notice will tell you about the ways in which we may use and disclose medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies a patient is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about your children; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.



- **For Treatment.** We may use medical information about your family to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other medical personnel who are involved in patient care in or outside of our office. For example, a doctor treating your child for a broken leg may need to know if he/she has diabetes because diabetes may slow the healing process. We may disclose medical information about your child in order to coordinate the different things your child needs, such as prescriptions, lab work and x-rays.
- **For Payment.** We may use and disclose medical information about your children so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment received at our offices so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval, a referral or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about your children for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, hospital personnel and health plans for review, quality assurance and training purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.



- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. .
- **Research.** Under certain circumstances, we may use and disclose medical information about your child for research purposes. For example, a research project may involve the study of the usefulness of new medical equipment as it relates to the diagnosis of a specific condition. Information gathered during this research would then be forwarded to the participating organization. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about your child to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the office. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **As Required By Law.** We will disclose medical information about your child when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.



## **SPECIAL SITUATIONS**

- **Workers' Compensation.** We may release medical information about your child for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about your child for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.



- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct ; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Special Needs:** If a child is under the custody of a state or local institution or law enforcement official, we may release medical information about the child to the appropriate party. This release would be necessary (1) for the institution to provide the child with health care; (2) to protect the child's health and safety or the health and safety of others; or (3) for the safety and security all parties.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD.**

You have the following rights regarding medical information we maintain about your child:

- **Right to Inspect a Copy.** You have the right to inspect a copy of medical information that may be used to make decisions about your child's care.
- To inspect a copy of your child's medical information you must submit your request in writing to our office staff. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.



- We may deny your request to view a copy of your child's medical record in certain very limited circumstances according to State and Federal guidelines. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office.

To request an amendment, your request must be made in writing and submitted to the HIPAA compliance officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us
  - Is not part of the medical information kept by or for the office;
  - Is not part of the information which you would be permitted to have a copy of; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about your child.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA compliance officer. Your request must state a time period which may not be longer than six years and may not include dates before 4-12-2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your child's care or the payment for your child's care.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA compliance officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the HIPAA compliance officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact our HIPAA compliance officer.



### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you receive care at our office, you may ask for a copy of the current notice in effect.

### **COMPLAINTS**

- If you believe your child's privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the office manager at 636 Raymond Dr. Suite 205 Naperville, IL. (the corporate business center) (630) 717-2300 and fill out a complaint form. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.



### **Breach Notification**

Pediatric Health Associates (PHA) will notify affected individuals following the discovery of a breach of unsecured protected health information. PHA will provide this individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically. If we have insufficient or out-of-date contact information for 10 or more individuals, we will substitute individual notice by either posting the notice on the home page of our web site [www.pedhealth.net](http://www.pedhealth.net) or by providing the notice in major print or broadcast media where the affected individuals likely reside. If we have insufficient or out-of-date contact information for fewer than 10 individuals, we may provide substitute notice by an alternative form of written, telephone, or other means.

These individual notifications will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and will include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what PHA is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for PHA's HIPAA Privacy Officers.



## **PEDIATRIC HEALTH ASSOCIATES**

### **Patient Consent Form**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about your child. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by asking for an updated copy or contacting the HIPAA compliance officer.

You have the right to request that we restrict how protected health information about your child is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing the patient registration form, you consent to our use and disclosure of protected health information about your child for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Once we have received your consent, all subsequent treating or consulting physicians, other health care professionals, laboratories, health care facilities, and health insurance companies, may receive copies of medical records without a specific authorization, *with the exception of records of genetic testing, mental health, alcoholism, drug abuse and HIV/AIDS treatment.*