

NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: April 14, 2003

PEDIATRICS, P.C.

PEDIATRICS, P.C.
670 Mall Drive
Portage, MI 49024

269-327-1900

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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations.

- **Treatment.** We may use or disclose health information about you to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your chart about your care or treatment. This might be the results of tests or studies or medication you have received. Health care providers may also use or disclose your health information to other health care providers involved in your care, such as a physical therapist or a pharmacist who care for you or provide a prescription or services to you.
- **For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payor; such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- **Health Care Operations.** "Health care operations" mean those administrative and managerial functions that we have to do in order to run our business. Examples of how we use or disclose your health information for health care operations are: quality assurance activities; personnel decisions; participation in managed care plans; defense

of legal matters; business planning; disclose medical information to doctors, nurses, technicians, and medical students for review and learning purposes; financial or billing audits; disclosure to businesses and individuals (e.g. medical transcription service) who perform services for us involving medical information as long as they agree to protect the privacy of that information. We may also use your information after specific information that identifies you has been removed so that others can use it to study health care without learning who the specific patients are.

- We may routinely use your health information for these purposes without any special permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at all. Such uses or disclosures are listed below:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;

- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;
- unless you object, we will also share relevant information about your care with your family or friends who are helping you with your care or with the payment for your care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the contact person named at the beginning of this Notice.

Certain other federal and state privacy laws require specific written permission to disclose to any persons outside our organization, mental health records, psychotherapy notes, substance abuse records; and any reports, records and data pertaining to testing, care, treatment, reporting and research, and information pertaining to partner notification, associated with HIV, Acquired Immunodeficiency Syndrome (AIDS) or AIDS related complex (ARC). We will continue to obtain that permission as has been our practice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address or fax number shown at the beginning of this Notice.
- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address,

or by using E-mail to your personal E-Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the contact person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.

- You can ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the contact person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the contact person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the contact person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the contact person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.

CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site, if we have one.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. If you want to complain to us, send a written complaint to the contact person at the address or fax number shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone. We will not retaliate against you if you make a complaint.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit our contact person at the address or phone number shown at the beginning of this Notice.

-----detach here-----

ACKNOWLEDGEMENT OF RECEIPT

I have received a copy of PEDIATRICS, P.C.'s Notice of Privacy Practices.

Patient's Printed Name: _____

Signature: _____

Date: _____

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient: _____ Your Printed Name: _____

Source of Authority: _____
(e.g. Legal Guardian, Parent of Minor, Personal Representative of Deceased or Living Person, Power of Attorney/Advance Directive)

- FOR OFFICE USE ONLY -

[Office personnel complete if unable to obtain acknowledgement]

I am a member of the work force of the covered entity named above. On the date shown above, I made a good faith effort to obtain the above named patient's signature on the foregoing acknowledgement, but was unable to do so because [state reason]: _____

Print Name: _____
Signature: _____