

## NOTICE OF PRIVACY PRACTICES

As requested by the Privacy Regulations Created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU/YOUR CHILD (AS A PARENT OF THE PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVEIW THIS NOTICE CAREFULLY.**

### A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individual identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices that we maintain in our practice concerning your 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 IIHI  
Your privacy rights in regard to your IIHI  
Our obligation concerning the use and disclosure of your IIHI

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

*Pediatricz Now, 1300 Post Oak Blvd. Suite 1180, Houston, Texas 77056  
Attention: Privacy Officer*

### C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

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

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood/urine test), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your IIHI 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 IIHI to evaluate the quality of care you

received from us, or to conduct cost-management and business planning activities for our practice.

4. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the urgent care for treatment of a cold. In this example, the babysitter may have access to the child's medical information.
8. **Disclosures Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

### D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your IIHI.

1. **Public Health Risk.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the following purpose of:  
Maintaining vital records, such as births or 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 agencies and authorities regarding the potential abuse or neglect of a 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 your IIHI 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 programs, compliance with civil rights laws and healthcare system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI 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 you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI 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 a criminal conduct at our offices

In response to a warrant, summons, court order subpoena or similar legal process

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. **Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform jobs.
6. **Organ and Tissue Donation.** Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (A) our use or disclosure was approved by an Intuitional Review Board (B) we obtain the oral or written agreement of a researcher (i) that the information being sought is necessary for the research study (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from our practice (C) the IIHI sought by the researcher only relates to decedents and researcher agrees either orally or in writing that the use or disclosure is necessary for the research and if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.
8. **Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or 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.
9. **Military.** Our practice may disclose your IIHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct Investigations.
11. **Inmates.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure of these purposes would be necessary (a) for the institution to provide health care services to you (B) for the safety and security of the institution (C) to protect your health and safety or the health and safety pf other individuals.
12. **Worker's Compensation.** Our practice may release your IIHI for worker's compensation and similar programs.

#### E. YOUR RIGHTS REGARDING OUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

**1. Confidential Communication.** You have the right to request that our practice communicates 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. In order to request a type of confidential communication, you must make a written request to: **Privacy Officer Tiffany Gallardo**, specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate **reasonable** quest. You do not need to give reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care of 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. In

order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to privacy officer, **Tiffany Gallardo**. 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
- (C) To whom you want the limits to apply

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you. Medical records are limited to but not including psychotherapy notes. You must submit your request in writing to: **Privacy Officer Tiffany Gallardo** in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the cost 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 reviews.

**4. Amendments.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment or as long as the information is dept. by or for our practice. To request an amendment, your request must be made in writing and submitted to: **Privacy Officer Tiffany Gallardo**. You must provide us with a reason that supports your request for an 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 IIHI dept. by or for the practice (C) not part of the IIHI which you would be permitted to inspect and copy (D) not created by our practice, unless the individual or entity that created the information in 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 IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the order to obtain an accounting of disclosures, you must submit your request in writing to: **Privacy Officer Tiffany Gallardo**. 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 for additional lists within the same 12-month period. Our Practice will notify you of the cost involved with additional requests, and you may withdraw your request before you incur any cost.

**6. Right to 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 the notice at any time. To obtain a copy of this notice, contact **Privacy Officer Tiffany Gallardo**.

**7. Right to File Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the complaint with our practice, contact **Privacy Officer Tiffany Gallardo**.

**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 IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI 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 of our health information policies, please contact **Privacy Officer Tiffany Gallardo**.