



COMMUNITY PEDIATRICS, PC

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NOTICE OF PRIVACY PRACTICES

IMPORTANT: 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.

Community Pediatrics, PC is required by law to protect certain aspects of your **health care information known as Protected Health Information or PHI** and to provide you with this Notice of Privacy Practices.

This notice describes our privacy practices, your legal rights, and lets you know, how Community Pediatrics is permitted to

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI.

In most situations we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff is committed to following at all times.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT THE: HIPAA Privacy Officer at telephone # 718-882-6388 and someone will contact you.

Purpose of this Notice: This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Community Pediatrics, PC is permitted to use and disclose Protected Health Information (PHI) about you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The law says that we can use health information for “treatment”, “payment”, and “health care operations.” Here are some examples, (but the list doesn’t include every reason that information can be given):

For Treatment. We may give information to doctors, nurses, technicians, office staff or other personnel who provide services.

- **For Payment.** We may use and give others health information about the patient when we need to decide on eligibility for coverage, coordinate care, review medical necessity pay claims or review and respond to complaints. For example, while we work on claims, we get personal information about the patient to find out what services he/she actually received.
- **For Health Care Operations.** We may use and give others the patient's personal information for our health care operations. That may include quality improvement activities; accreditation; responses to inquiries; appeals and review programs. It may also be used for health promotion; case management and care coordination; and general administrative activities. Sometimes it may be used for auditing; administering pharmaceutical programs and payments; or in the facilitation of a sale, transfer or merger of all or a part of Community Pediatrics, PC with another organization.
- **Other permitted or required uses or disclosures.** We may use or disclose health information about the patient without permission for the following reasons, allowed by law:
 - ~ To comply with responsibilities to federal or state oversight agencies who oversee health care. For example, sharing information with New York State Department of Health.
 - ~ To researchers where all procedures required by law have been taken to protect the confidentiality of the data.
 - ~ To comply with a court order or other lawful process.
 - ~ To persons providing services to us. They have to make sure that they will keep all information safe and secure.
 - ~ To let the patient and authorized caregiver know about treatment alternatives or health-related benefits or services.
 - ~ Sometimes, we are allowed by federal and state law to give an agency health information about the patient without authorization. An example would be information to protect victims of abuse or neglect, to avoid a serious threat to health or safety, to track diseases or medical devices. We may also inform military or veteran authorities if the patient is an armed forces member. We may give information to coroners, medical examiners and funeral directors or for worker's compensation, national security and anyone the law says we must give it to.
 - ~ We will give health information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank. We will do that to make it easier for organ transplants and organ donation.

- ~ We are allowed to use health information about the patient in a way that does not personally identify the patient.
- ~ We may give health information about you to your family members or friends if you agree to it in writing.

If you make a request, we will tell you what information was disclosed. We will also tell you who got it and why.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or tell anyone about the patient health information for any reason except the ones we have told you about in the sections above unless we have your written Authorization. We must obtain Authorization separate from any Consent we have received from you in the past. If we are given Authorization to use or disclose health information, the authorization may be revoked or stopped in writing, at any time. If the Authorization is stopped we will no longer use or give anyone else information about the patient for the reasons covered by the written Authorization. We cannot take back any uses or disclosures already made with the patient or authorized caregiver permission.

If we have HIV or substance abuse information about the patient, we cannot release that information without a special signed, written authorization. We will have to have both a signed Consent and a special written Authorization, according to law. There are special laws for HIV or substance abuse records.

All consents/authorizations must be obtained from the patient or authorized caregiver.

RIGHTS REGARDING HEALTH INFORMATION

Patients/Legal Guardian or authorized caregivers have the following rights regarding health information:

- Right to look at and copy health information

Patients, Legal Guardian or authorized caregivers have the right to look at a child's medical record when accompanied by his/her attending doctor's request, except for psychotherapy notes or other limited circumstances. We need a written request from you before you may look at and/or receive a copy of the patient's health information, a fee may be charged for the cost of copying, mailing or other associated supplies.

- Right to change the Record

If patient, Legal Guardian/or authorized caregiver believes health information we have is not right, the patient/Legal Guardian or authorized caregiver may ask us to change the information. If we do not let you change the information, we will tell you why in writing.

- Right to an Accounting of Disclosures

Patients and/or authorized caregivers have the right to request an “accounting of disclosures.” This is a list of who we have given medical information about the patient for purposes other than treatment, payment and health care operations. To get this list, the patient and/or authorized caregiver must submit a request in writing and state a time period, which may not be longer than six years and may not include dates before January 01, 2001. We will provide the patient/Legal Guardian/caregiver with the list free of charge unless we have already provided the patient/caregiver with a list within the same 12 month period. We will temporarily suspend a patient/Legal Guardian/Caregiver’s right to receive an accounting of disclosures in certain circumstances, as defined by law.

- Right to Request Restrictions (Limits)

The patient/Legal Guardian/caregiver has the right to request a restriction or limitation on the health information we use or give someone else about the patient for treatment, payment or health care operations. The patient/Legal Guardian/Caregiver also has the right to request a limit on the health information we give about the patient to someone who is involved in the patient’s care or the payment for it. Under the law, we do not have to agree to a requested restriction.

- Right to Confidential Communications

Sometimes, the patient/Legal Guardian/Caregiver has the right to request that health information be talked about in a particular place or in a certain way. We will agree to all reasonable requests.

- Right to a Paper Copy of This Notice

The patient/Legal Guardian/Caregiver has the right to a paper copy of this notice and may ask for it at any time.

CHANGES TO THIS NOTICE

We can change this notice, and make the revised or changed notice effective for medical information we already have about the member. Or we can change it for any information we received in the future. We will post a summary of the current notice with its effective date in the top right hand corner. The patient/caregiver can always get a copy of the notice currently in effect.

FOR MORE INFORMATION OR TO REPORT A COMPLAINT

If you believe that 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 the Secretary, write to: 200 Independence Avenue, S.E. Washington, D.C. 20201, or call 1-877-696-6775. To file a complaint with our office: contact the Privacy Officer at 718-882-6388 or write to Community Pediatrics, PC, 657 East 233rd Street, Bronx, NY 10466.