

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of our patient's **protected health information (PHI)**. In conducting our business, we will create records regarding our patients and the treatment and services we provide to them. We are required by law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) to maintain the confidentiality of health information that identifies our patients. We also are required by law to provide our patients with this notice of our legal duties and the privacy practices that we maintain in our practice concerning their PHI. 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 our patient's PHI
- Our patient's privacy rights concerning their PHI
- Our obligation concerning the use and disclosure of our patient's PHI

The terms of this notice apply to all records containing our patient's PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendments to this notice will be effective for all of our patient's records that our practice has created or maintained in the past, and for any of our patient's records that we may create or maintain in the future. Our practice will post a copy of our current notice at any time. All patients/ Legal Guardians will be informed if there is a breach, as defined by federal rules, of their unsecured protected health information as required by the HIPAA regulations.

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

Privacy Officer 3914 Centreville Road, STE 225, Chantilly, VA 20151 Phone: (703) 956-6301

C. Uses and Disclosure of Health Information

For Treatment: We may use medical information about our patients to provide them with medical treatment or services. We may disclose medical information about our patients to doctors, nurses, medical students, or other health care providers who are involved in taking care of our patients now or in the future.

We may also use health information about each individual patient to call or send that patient and/ or their legal guardian a letter to remind them about an appointment, to follow up with diagnostic tests results, or to provide them with information about other treatment and care that could benefit their health.

For payment: We may use and disclose medical information about the individual patient so that the treatment and services that patient receives at our practice may be billed and payment may be collected from the patient's responsible party, an insurance company, or a third party.

For healthcare operations: Our practice may disclose patient's PHI to operate our business. As an examples of the ways in which we may use and disclose patient's information for our operations, our practice may use patient's PHI to evaluate the quality of the care patients receive from us, or to conduct cost-management and business planning activities for our practice. Every effort will be made to insure anonymity.

D. Other Disclosures

Business Associates: We will share patient's PHI with third party associates that perform various activities for the practice. Whenever any arrangement between our practice and a business associate involves the use of disclosure of patient's PHI, we will have a written contract that contains the terms that will protect the privacy of patient's PHI.

Communication with others involved with patient's care: Our health professionals may, in the event the patient is incapacitated and we are unable to contact the Legal Guardian or the patient is in an emergency circumstance, using their judgment, disclosure to a family member, or other relative, parent or guardian's close personal friend, or any other person you identify, health information directly relevant to that person's involvement in the patient's care or payment related to the patient's care.

Research: Under certain circumstances, we may use and disclose health information about patients and their medical record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of patient's health information.

Required by law: We may use or disclose patient's PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. Patients will be notified, as required by law, of any disclosures of their PHI.

Public Health Risks: Our practice may disclose patient's PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and 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 or withdrawn, needs repairs or replacement
- Notifying appropriate government agency (ies) and authorities (ies) regarding the potential abuse or neglect of an adult 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 a patient's employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

Health Oversight Activities: Our practice may disclose patient's PHI 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 to monitor government programs, compliance with civil rights laws and the health care system in general.

Legal Proceedings: We may disclose patient's PHI if asked to do so a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the patient's or patient's parent/ legal guardian's agreement.
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct in our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/ locate a suspect, material witness, fugitive or missing person.
- 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)

Deceased Patients: Our practice may release patient's PHI 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 their jobs.

Organ and Tissue Donation: Our practice may release patient's PHI 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 our patient is an organ donor.

Research: Our practice may use and disclose patient's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your or your child's PHI for research purposes **except when:** (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of you or your child's PHI is being used only for the research and (iii) the researcher will not remove any of you or your child's PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees 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 PHI of the decedents.

Serious Threats to Health or Safety: Our practice may use and disclose patient's PHI when necessary to reduce or prevent a serious threat to patient's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosure to a person or organization able to help prevent or lessen the threat.

Military: Our practice may disclose patient's PHI if patient is a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veteran's Affairs for the purpose of your eligibility for or entitlement to certain benefits provided by law. Military Dependents may be subject to the above policy.

National Security: Our practice may disclose patient's PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose patient's PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates: Our practice may disclose patient's PHI to correctional institutions or law enforcement officials if the patient is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to patients (b) for the health, safety and security of the institution, and its officers and employees and/or (c) to protect the patient's health and safety or the health and safety of other individuals.

Worker's Compensation: Our practice may release patient's PHI for worker's compensation and similar programs to the extent necessary to comply with applicable laws.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirement of Section 164.500 et. Seq.

Unless we receive the patient's / Legal Guardian's written authorization or approval, we will **not** use information in your records for marketing purposes or make any disclosures that constitute a sale of PHI. Other uses and disclosures from the patient's medical record will be made only with the patient's / Legal Guardian's written authorization or approval.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you/ your child:

- 1. Confidential Communications.** You have the right to request that our practice communicate with you about your / your child's 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, please use the contact information below to make an appointment to complete the form. Our practice will accommodate reasonable requests.
- 2. Requesting Restrictions.** Patients/ Legal Guardians have the right to request a restriction in our use or disclosure of the patient's PHI for treatment, payment or health care operations. Additionally patients/ Legal Guardians have the right to request that we restrict our disclosure of patient's PHI to only certain individuals involved in the patient's care or the payment for the patient's care, such as family members and friends. If we do agree, we are

bound by our agreement except when otherwise required by law or court order, in emergencies, or when the information is necessary to treat the patient. In order to request a restriction in our use or disclosure of your or your child's PHI, the legal guardian/ patient of Legal Age must make their request in writing using the contact information below. The request must describe in a clear and concise fashion:

- a. the information the Legal Guardian/ Patient of Legal Age wishes restricted;
- b. whether the request is limited to our practice's use, disclosure or both; and
- c. to whom the legal guardian wants the limits to apply.

Right to Request Restrictions for Disclosures Related to Self-Payment. Our practice is required to comply with a request not to disclose health information to a health plan for treatment when the individual/ individual's Legal Guardian has paid in full out-of-pocket for a health care item or service and signed our "Do Not File Insurance Form".

3. Inspection and Copies.

- a. The patient and/ or Legal Guardian has the right to inspect and obtain a copy of the PHI that may be used to make decisions about the patient, including patient medical records and billing records. However, the patient and/ or Legal Guardian may not obtain psychotherapy notes or information compiled in a reasonable anticipation of a civil, criminal or administrative action or proceeding. The patient and/ or Legal Guardian must submit the request in writing using our medical records request form in order to inspect and/ or obtain a copy of your PHI. Our practice may charge a fee 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. Amendment

- a. The patient and/ or Legal Guardian may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request and reason for the request must be made in writing using the contact information below. The patient/ Legal Guardian must provide us with a reason that supports your request for amendment. Our practice will deny your request if the patient/ Legal Guardian fails to submit their request (and the reason supporting their request) in writing. Also, we may deny the request if the patient/ Legal Guardian asks us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for our practice; (c) not part of the PHI which the patient/ Legal Guardian would be permitted to inspect and copy; or (d) was not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures

- a. All of our patients/ their Legal Guardians 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 the patient's PHI for non-treatment or operations purposes. Use of your / your child's PHI as part of routine patient care in our practice is not required to be documented. For example, the doctor or nurse practitioner sharing information with the nurse; or the billing department using your / your child's information to file the insurance claim would not be included in the list. In order to obtain an accounting of disclosures, the patient/ patient's Legal Guardian must submit their request in writing using the contact information below. All requests for an "accounting of disclosures" must state a period of time, which may not be longer than six (6) years from the date the "accounting of disclosures" is requested and may not include dates before April 14, 2003. The first list you or any of the child's Legal Guardians request with in a 12-month period is free of charge, but your practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and the patient/ patient's Legal Guardian may withdraw your request before they incur any costs.

6. Right to a Paper Copy of This Notice

- a. The patient/ patient's Legal Guardian is entitled to receive a paper copy of our notice of privacy practices. They may ask us to give them a copy of this notice at any time by contacting us utilizing the contact information below or speaking with our office's reception staff.

7. Right to File a Complaint

- a. If you believe you or your child's rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. The patient will not be retaliated against for filing a complaint. To file a complaint with our practice, use the contact information below.

8. Right to Provide an Authorization for Other Uses and Disclosures

- a. Our practice will obtain the patient's / patient's Legal Guardian's written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization the patient/ Legal Guardian provide to us regarding the use and disclosure of the patient's PHI may be revoked at any time in writing. After the patient / Legal Guardian revoke their authorization, we will no longer use or disclose the patient's PHI for the reasons described in the authorization. Please note: We are required to retain records of the patient's care.

Contact Information:

Privacy Officer,

The Pediatric Group, PC, 3914 Centreville Road, STE 225, Chantilly, VA 20151

Phone: (703) 956-6301

Fax: (703) 481-8618