

JMH Pediatric Specialists Notice of Privacy Practices

This notice describes how medical information about your child 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 our office.

This "Notice of Privacy Practices" (aka Notice) describes the privacy practices of JMH Pediatric Specialists and all of our workforce, employed or otherwise. The Notice also describes how we may use and disclose your child's PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your child's PHI. "PHI" is information about your child, including demographic information, that may identify your child and that relates to your child's past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice at the time of your next appointment.

1. Uses and Disclosures of PHI

Uses and Disclosures of PHI Based Upon Your Written Consent

According to Indiana State Law and the Federal Privacy Regulations, your child's physician, office staff and others outside of our office that are involved in your child's care may use and disclose your child's PHI for purposes of Treatment, Payment and Operations.

Treatment: We will use and disclose your child's PHI to provide, coordinate, or manage your child's health care and any related services. For example, we will disclose your child's PHI to other physicians who may be treating your child, or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat your child. In addition, we may disclose your child's PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your child's care by providing assistance with your child's health care diagnosis or treatment to your physician.

Electronic Exchange of Your Health Information: In some instances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment.

Payment: We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and collected from you, an insurance company or health plan or other third party. For example, we may need to give your health plan specific information about treatment you received at our office so your health plan will pay us or reimburse you for the treatment. In addition, we, or our representatives, may discuss payment issues with family members or others involved in the process of paying for medical treatment you have received. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, obtaining approval for a hospital stay may require that your child's relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your child's PHI in order to support the business activities of your child's physician's practice. These activities include, but are not limited to,

quality assessment activities, employee review activities, training of medical students, licensing, patient fundraising activities, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your child's physician. We may also call you by name in the waiting room when your child's physician is ready to see you. We may use or disclose your child's PHI, as necessary, to contact you to remind you of your child's appointment, for example, when necessary we will leave a message on your answering machine or voice mail. We will share your child's PHI with third party "business associates" that perform various activities (e.g., billing, transcription, or collection services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your child's PHI, we will have a written contract that contains terms that will protect the privacy of your child's PHI.

We may use or disclose your child's PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your child's PHI for other marketing activities i.e.: your child's name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you info about products or services that we believe may benefit you. You may contact our office to request that these materials not be sent to you.

Alternative Treatment and Benefits and Services: We may use and disclose information about you in order to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.

Fundraising Activities: Should the need arise where information about you or where your participation is desired for fundraising activities, JMH Pediatric Specialists would obtain your authorization.

Research: Under extremely limited circumstances, we may use and disclose your child's PHI for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. We may, however, disclose PHI about you to people preparing to conduct a research project; for example, to help them look for consumers with specific health needs, so long as the PHI they review does not leave JMH Pediatric Specialists. 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 with your care at this Office.

Uses and Disclosures of PHI Based upon Written Authorization

Other uses and disclosures of your child's PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your child's physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your child's PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your child's PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your child's physician may, using professional judgment, determine whether the disclosure is in your child's best interest. In this case, only the PHI that is relevant to your child's health care will be disclosed.

Others Involved in Your Child's Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your child's PHI that directly relates to that person's involvement in your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care or your child's location, general condition or death. Finally, we may use or disclose your child's PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your child's health care.

Emergencies: We may use or disclose your child's PHI in an emergency treatment situation. If this happens, your child's physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your child's physician or another physician in the practice is required by law to treat your child and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your child's PHI to treat your child.

Communication Barriers: We may use and disclose your child's PHI if your child's physician or another physician in the practice attempts to obtain consent from you but is unable to do so, due to communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object
We may use or disclose your child's PHI in the following situations without your consent or authorization. These situations include:

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities, or in some cases, if needed to determine benefits to the Department of Veteran Affairs.

As Required By Law: We may use or disclose your child'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. You will be notified, as required by law, of any such uses or disclosures.

Workers' Compensation: We may release health information about you as authorized for workers' compensation or similar programs as authorized by Indiana law. These programs provide benefits for work-related injuries or illnesses.

Public Health: We may disclose your child's PHI for public health activities or purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your child's PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your child's PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your child's PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your child's PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your child's PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: As federal and state laws require, we may disclose your child's PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is needed for law enforcement authorities to identify or apprehend an individual.

Disability Compensation: Your child's PHI may be disclosed by us as authorized to comply with disability determination laws and other similar legally-established programs.

National Security, Intelligence and Federal Protective Services Activities:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials where required to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

Decedents: A decedent's PHI is protected for 50 years after the individual's death. After that point, the information is no longer considered PHI.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety of others; or for the safety and security of the correctional institution.

Immunization Reporting: This Office may disclose proof of immunization to a school where law requires a school to have such information. Written authorization for this disclosure is not required, however, we will obtain agreement to release, which may be oral, from a parent, guardian or other person acting in *locum parentis* for the individual, or from the individual himself or herself, if the individual is an adult or an emancipated minor.

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 requirements of Section 164.500.

2. Your Individual Rights

Following is a statement of your rights with respect to your child's PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your child's PHI. This means you may inspect and request a copy of your child's PHI that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your child's physician and the practice uses for making decisions about your child.

You may request an electronic copy of your PHI that is maintained electronically. This office will provide an electronic copy in the form requested, if readily producible, or if not, in a readable electronic form and format as agreed by you and the office.

You must submit a request to inspect and copy your medical records to our staff, in writing. (A form for that request is available from our office.) If you request a copy of your information, we may charge a fee for the cost of copying, mailing and/or other supplies associated with your request. We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by our staff 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 that review.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact us if you have questions about access to your child's medical record.

You may have the right to have your child's physician amend your child's PHI. This means you may request an amendment of PHI about your child in a designated record set for as long as we maintain this information. You must submit a request for amendment to our staff, in writing. (A form for that request is available from our office.) Your written request must provide a reason that supports your request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office if you have questions about amending your child's medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your child's PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may

have made to you, to family members or friends involved in your child's care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures to our office, in writing. (A form for that request is available from our office.) Your written request must state a time period, which may not be longer than six years. The first report may request within a 12-month period will be free. For additional reports, we may charge you for the costs of providing the report. We will notify you of the costs, and you may choose to withdraw your request at that time before any costs are incurred.

You have the right to request a restriction of your child's PHI. This means you may ask us (in writing) not to use or disclose any part of your child's PHI for the purposes of treatment, payment or healthcare operations to a health plan when you pay out-of-pocket, in full, and request such a restriction. The office must honor such a request unless otherwise required by law. This restriction does not apply to follow-up visits if they are not paid for in full out of pocket. You may also request that any part of your child's PHI not be disclosed to family members or friends who may be involved in your child's care or for notification purposes as described in this Notice. For example, you could ask that we not use or disclose information about a medical service your child received. Also, you have the right to designate a personal representative who will then have the ability to access your child's PHI, just as you do.

Your child's physician is not required to agree to a restriction that you may request. If the physician believes it is in your child's best interest to permit use and disclosure of your child's PHI, your child's PHI will not be restricted. If your child's physician agrees to the restriction, we may not use or disclose your child's PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your child's physician. You may request a restriction by placing your request, with specifics, in writing and delivering it to our office.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate **reasonable** requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation as to the basis for your request. Please make this request in writing to our office.

You have the right to obtain a paper copy of this notice from us. Upon request, even if you have agreed to accept it electronically.

Specific requirements for electronic notice: A covered entity that maintains a website that provides information about the covered entity's customer services or benefits must prominently post its notice on the website and make the notice available electronically through the website.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by us. You may file a complaint with us by notifying our office in writing (a form for this purpose is available from our office) of your complaint. We will not retaliate against you for filing a complaint.

You may contact our office, JMH Pediatric Specialists at (317.736-5515) for further information about the complaint process.