

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective Date: April 14, 2003

This Notice was revised on September 20, 2013

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:**

Privacy Officer: Susan Collett  
Mailing Address: 9900 Independence park Drive, Suite 100, Richmond, VA 23233  
Telephone: (804) 935-1280  
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## About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice. For the purpose of this document, “you” refers to the patient.

## What is Protected Health Information?

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

## Written Acknowledgement

You will be asked to sign a written statement acknowledging that you have received and reviewed a copy of this notice.

## How We May Use and Disclose Medical Information about You

The following categories describe the different ways that the Medical Practice may use and disclose your Protected Health Information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosure that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

Please keep in mind that these examples pertain to medical information for your child, or yourself, if you are a patient who is legal age. Out patients typically include children ages newborn through 21 years of age. However, in certain circumstances, patients can be older, and while some examples may not pertain to your child, they may apply to other patients in our practice.

\* **For Treatment:** We may use and disclose your Protected Health Information for the purpose of providing medical treatment to you or for another health care provider providing medical treatment to you. For example, a nurse obtains treatment

information about you and documents it in your medical record and the physician has access to that information. In addition, your medical information may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you.

\* **For Emergency Treatment:** We may use and disclose your Protected Health Information in order to provide emergency treatment to you. This information may be transmitted via text message, cell phone, or email. For example, if you need to speak to the physician on-call at night, your name, phone number, and nature of the emergency may be communicated to the doctor via a text message. This will allow for the quickest response to your emergencies.

\* **To Obtain Payment for Services:** We may use and disclose your Protected Health Information to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before it approves or pays for the health care services we recommend for you.

\* **For Healthcare Operations:** We may use or disclose your Protected Health Information to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, employee review activities, training or medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students that see patients at our office. We may also use the medical information we have to determine where we can make improvements in the services and care we offer.

\* **For the Healthcare Operations of Other Healthcare Providers:** We may use or disclose your Protected Health Information to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection of compliance. For example, we may disclose your medical information to another physician to assist in their efforts to make sure they are complying with all rules related to operating a medical practice.

## \* **For Appointment Reminders and Scheduling:**

We may use or disclose your Protected Health Information to contact you to remind you or your appointment by mail, telephone, or email. Our message will include the name of our practice or the name of our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled. We may also leave you information regarding referral appointments, testing and referral numbers via mail, telephone, or email.

\* **For Lab Result Notification:** We may use or disclose your Protected Health Information to contact you regarding lab test results by mail, telephone, or email. Our message will include the name of our practice or the name of our physician as well as whether the lab test was positive or negative.

\* **To Provide Treatment Alternatives:** We may use or disclose your Protected Health Information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact several home health agencies or physical therapy providers to discuss the services they provide when we have a patient who needs these services.

\* **Minors:** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

\* **Research:** We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

**\* Business Associates:** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

**\* For Education and Networking Activities:** We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you regarding educational or networking opportunities supported by our office. An example of this would be inviting parents of children diagnosed with Autism to a presentation on that topic.

**\* As Required by Law:** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

**\* To Avert a Serious Threat to Health or Safety:** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

**\* Organ and Tissue Donation:** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

**\* Workers' Compensation:** We may use or disclose Protected Health Information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**\* Public Health Risks:** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity, (2) prevent or control disease, injury or disability, (3) report births and deaths, (4) report child abuse or neglect, (5) report reactions to medications or problems with products, (6) notify people of recalls of products they may be using, and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease of condition.

**\* Abuse, Neglect, or Domestic Violence:** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**\* For Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system (such as Virginia's Vaccine Registry),

government benefit programs (such as Medicaid), other government regulatory programs and civil right laws.

**\* Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

**\* For Law Enforcement:** We may also disclose Protected Health Information, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the Practice, and (5) in a medical emergency where it is likely that a crime has occurred.

**\* Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**\* Coroners, Medical Examiners, and Funeral Directors:** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**\* Due to Criminal Activity:** Consistent with applicable federal and state laws, we may disclose Protected Health Information 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 your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**\* For Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**\* Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health

and safety of others, or (3) the safety and security of the correctional institution.

**\* For 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 the Health Insurance Portability and Accountability Act and its regulations.

#### Uses and Disclosures That Require Us to Give You and Opportunity to Object and Opt Out

**\* Individuals Involved In Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly related to that person's involvement in your 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 your best interest based on our professional judgment.

**\* Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicable can do so.

**\* Fundraising Activities:** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

#### Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### Your Rights Regarding Your Protected Health Information

Following is a statement of your rights with respect to your medical information and a brief description of how you may exercise these rights.

**\* Right to Inspect and Copy:** You may inspect and request a copy of your Protected Health

Information that we maintain. The information may contain medical and billing records and any other records that we use for making decision about you. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to law that prohibits access to medical information in certain circumstances. We may deny your request to inspect your medical information. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**\* Right to a Summary or Explanation:** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**\* Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in a electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form of format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**\* Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**\* Right to Request Amendments:** You may request an amendment of your Protected Health Information as long as we maintain this information. 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 disagreement with us and we may respond in writing to you. Please contact our Privacy Officer if you have questions about amending your medical record.

**\* Right to an Accounting of Disclosures:** You have the right to ask for an "accounting of disclosures", which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excluded disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to

withdraw or modify your request before the costs are incurred.

**\* Right to Request Restrictions:** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care of the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.

**\* Out-of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**\* Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**\* Right to Paper Copy of This Notice:** If you would like a paper copy of this notice, even if you have agreed to receive this Notice electronically, please request one from our Privacy Officer or request one when you are in our offices.

**\* Changes to This Notice:**  
We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

**\* Complaints:**  
You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected

violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S. W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877)696-6775 or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. There will be no retaliation against you for filing a complaint.