

to determine if you have questions about amending your child's medical records. To file an amendment, your request must be made in writing and must be submitted to the Privacy Contact, 448-7853.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your child's protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. Accounting is not required for disclosures we may have made to you, incidental disclosures, disclosures you have authorized, disclosures for a facility directory, disclosures to family members or friends involved in your child's care, or disclosures made to carry out treatment, payment or healthcare operations. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003 up to six-year timeframe. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Contact Person, 448-7853. 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 costs involved with additional requests, and you may withdraw your request before you incur any costs.

**You have the right to a paper copy of this notice.** You are entitled to receive a copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact the Privacy Contact Person.

**You have the right to file a complaint if you believe your privacy rights have been violated.** You may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Contact Person, 448-7853. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

This notice was published and becomes effective on April 14, 2003

## SOUTH LOUISVILLE PEDIATRICS

### Notice of Privacy Practices

#### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

If you have any questions about this notice, please contact our privacy contact.

This Notice of Privacy Practices describes how we may use and disclose your child's protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. "Protected health information (PHI) is information about your child, including demographic information, that may identify your child and that relates to your child's past, present and future physical or mental health or conditions and related health care services. Our practice is dedicated to maintaining the privacy of your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may revise or amend the terms of our notice, at any time. The new notice will be effective for all protected health information that we have at that time and for future information. We will post our current Notice in our office in a visible location at all times and upon your request, we will provide you with any revised Notice.

#### **DISCLOSURES**

- Uses and Disclosures of Carry Out Treatment, Payment, and health care operations:** Under HIPAA regulations, we do not need to obtain permission to use health information for treatment, payment and health care operations. However, several Kentucky state laws require patient consent before health information is used or disclosed by health care providers.

**We may use and disclose your child's Protected Health Information (PHI) for the following reasons:**

**Treatment:** We will use and disclose your child's PHI to provide, coordinate, or manage your child's health care and any related services. This includes the co-

health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's protected health information. Otherwise, we will ask for a written authorization from you.

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

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with worker's compensation laws and other similar legally established programs.

## **YOUR RIGHTS**

Following is a statement of your rights respect to your child's protected health information and a brief description of how you may exercise these rights:

**You have the right to inspect and copy your child's protected health information.** This means you may inspect and obtain a copy of protected health information about your child that is contained in a designated record set for as long as we maintain the protected health information. A designed "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. This may not include psychotherapy notes.

You must submit your request in writing to **SOUTH LOUISVILLE PEDIATRICS, 448-7853**, in order to inspect and/or obtain a copy of your child's IHI. Our practice may charge a fee for the costs of copying, mailing 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.

Please contact our Privacy Contact Person, 448-7853 if you have questions about access to your child's medical records.

**You have the right to request a restriction of your child's protected health information.** This means you may ask us not to use or disclose any part of your child's protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your child's protected health information 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 of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your child's best interest to permit use and disclosure of your child's protected health information, your child's protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your child's protected health information in violation of that restriction—unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with your physician. You may request a restriction by discussing the matter with the Privacy Contact Person.

**You have the right to request that our practice communicate with you about 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 communications, you must make a written request to the Privacy Contact Person, 448-7853 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**You may have the right to have your physician amend your child's protected health information.** This means you may request an amendment of protected health information about your child in a designated record set for as long as we maintain this information. In certain cases, for example, if we think the information is correct, or was not created by our practice, we may deny your request for an amendment. If we deny your request for amendments, you have the right to file a statement of disagreement with us and we may prepare a rebuttal of your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact

ordination or management of your child's health care with a third party.

For example, we may ask your child to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child's PHI in order to write a prescription for your child, or we might disclose your child's PHI to a pharmacy when we order a prescription for your child. Many of the people who work for our practice including, but not limited to, our doctors and nurses may use or disclose your child's PHI to others who may assist in your treatment. Additionally, we may disclose your child's PHI to others who may assist in the care of your child. Finally, we may also disclose your child's PHI to other health providers for purposes related to your child's treatment.

**Payment:** Your child's protected health information will be used, as needed, to obtain payment for your child's health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for your child such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child for medical necessity, and undertaking utilization review activities. For example, obtaining approval for hospital services that may require that your child's relevant protected health information be disclosed to the health plan to obtain approval for the hospital service.

**Healthcare Operations:** We may use or disclose, as needed, your child's protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, and training of medical students, licensing and conducting or arranging for other business activities.

For example, we may disclose your child's protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign in your child's name and address. We may also call your child's name in the waiting room when the physician is ready to see you.

We will share your child's protected health information with third party "business associates" that perform various activities (e.g. billing) for the practice. Whenever

an arrangement between our office and a business associate involves the use or disclosure of your child's protected health information, we will have written contract that contains terms that will protect the privacy of your child's protected health information.

**Appointment Reminders:** We may use or disclose your child's protected health information, as necessary, to contact you to remind you of child's appointments.

**Treatment Options and Services:** We may use or disclose your child's protected health information, as necessary, to provide you with information about treatment alternatives, other health-related benefits and services that may be of interest to you. However, we will get a written authorization from you for further marketing purposes.

**1. Uses and disclosures that you can agree or object to.**

**We may use and disclose your child's protected health information in the following instances, which you have the opportunity to object to.**

**Other Involved in Your Child's Healthcare:** Unless you object, we may disclose to a member of your child's family or any other person you identify, your child's protected health information that directly related 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 protected health information to notify or assist in notifying a family member or any other person that is responsible for your child's care. Finally, we may use or disclose your child's protected health information 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 protected health information in any emergency treatment situation. If this happens, your child's physician shall allow you to object to future disclosures as soon as reasonable practicable after the delivery of treatment.

**2. Uses and Disclosures that we will obtain your written authorization for:**

**Psychotherapy Notes** we may only disclose your psychotherapy notes for limited purposes such as carry out treatment. For other purposes, we will obtain your written consent.

**Marketing:** for most marketing purposes we will obtain your written consent; exceptions include if the product or service is directly treatment related, discusses face-to-face or given as a promotional gift of nominal value.

**3. Uses and disclosures for which an authorization or opportunity to agree or object to is not required:**

We may use or disclose your child's protected health information in the following situations:

**Required by Law:** We may use or disclose your child's protected health information to the extent that law requires the use or disclosure. 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.

**Public Health:** We may disclose your child's protected health information for public health activities purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. We may also disclose your child's protected health information, 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 protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk on contracting the disease or condition.

**Abuse or Neglect:** We may disclose your child's protected health information 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 protected health information, if we believe that your child has been a victim of abuse, neglect or domestic violence to the governmental agency authorized to receive

such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Maintenance of Vital Records:** We may report data such as births or deaths.

**Health Oversight:** We may disclose protected health information to a health 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, government benefit programs, other government regulatory programs and civil rights laws.

**Legal Proceedings:** We may disclose protected health information 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 your child's protected health information, 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.

**Coroner, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purpose, determining causes of death or for the coroner or medical examiner to perform other duties 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your child's protected