

# **SOUTHEASTERN PEDIATRIC ASSOCIATES, P.A.**

## **NOTICE OF PRIVACY PRACTICES**

364 Honeysuckle Road  
Dothan AL 36305  
(334) 794-8656

### **OUR PROMISE TO YOU, OUR PATIENTS**

**Your child's information is confidential.**

Your child's health information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

**We protect your child's information.**

We maintain protocols to ensure the security and confidentiality of personal information. We have building security, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their job.

**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:**

**Lucy Everett, Office Manager**

**Heather Hinckley, Front Office Supervisor**

**or**

**LaShea Cotton, Nursing Supervisor**

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. It also describes your rights to access and control of this protected health information. "Protected health information" is information about the patient, including demographic information, that may identify you and that relates to his/her 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 of Privacy Practices. We may change the terms of our notice at any time, and reserve the right to do so. The new notice will be effective for all protected health information that we maintain at that time. You may access the Notice of Privacy Practices and any revision to the Notice at our website ([www.southeasternpediatrics.com](http://www.southeasternpediatrics.com)), or you may request a copy of the Notice be mailed to you by calling the office, or asking for a copy at the time of your child's appointment.

### **1. Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your child's protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose his/her protected health information as described in Section 1. His/Her protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your child's care and treatment for the purpose of providing health care services to him/her. Your child's protected health information may also be used and disclosed to pay his/her health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your child's protected health care information that this office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose your child's protected health information to provide, coordinate or manage his/her health care and any related services. This includes the coordination or management of his/her health care with a third party that has already obtained your permission to have access to your child's protected health information. We will disclose protected health information to other physicians who may be treating your child when we have the necessary permission from you to disclose his/her protected health information. For example, your child's protected health information may be provided 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 protected health information from time to time to another physician or health care provider (e.g. specialist or laboratory) who, at the request of your physician, becomes involved in your child's care by providing assistance with his/her health care diagnosis or treatment to your child's physician.

**Payment:** Your child's protected health information will be used, as needed, to obtain payment for his/her 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 a hospital stay may require that your child's relevant protected health information 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 protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, nurse practitioner students and nursing students, licensing, marketing, and conducting or arranging for other business activities.

For example, we may disclose your child's protected health information to medical students that see patients at our office. In addition, we use a sign-in sheet at the registration desk where you will be asked to sign your child's name and current demographic and insurance information to verify accuracy in our files. We will also call your child by name in the waiting room when it is time to be placed in an exam room. We may use or disclose your child's protected health information, as necessary, to contact you to remind you of your child's appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) 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 a written contract that contains terms that will protect the privacy of your child's protected health information.

We may use or disclose your demographic information and the dates that your child received treatment through our office, as necessary, to collect on outstanding debts that have become delinquent.

#### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your child's protected health information 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 physician or the 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 protected health information 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 protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your child's best interest. In this case, only the protected health information 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 who accompanies your child to the office, your child's protected health information that directly relates to that person's involvement in his/her 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, personal representative or any other person that is responsible for your child's care of your child's location, general condition or death. 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 an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your 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, your physician may still use or disclose your child's protected health information to treat him/her.

**Communication Barriers:** We may use and disclose your child's protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We do have a language translation service available.

**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 protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your child's protected health information 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.

**Public Health:** We may disclose your child's protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. Disclosures of protected health information to state immunization registries are therefore permitted and do not require authorization. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your child's protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority. Because of the concerns with the difficulty of obtaining authorization in some cases to disclose proof of immunization to a school where state or other law requires the school to have such information prior to admitting the student, the National Committee on Vital and Health Statistics recommended that the Department of Health and Human Services regard disclosure of immunization records to schools to be a public health disclosure, thus eliminating the requirement for written authorization.

**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 of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information 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, government benefit programs, other government regulatory programs, civil rights laws and your insurance carrier when requesting information for determination of benefits, payment of a claim or auditing previous services for claims filed and paid.

**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, as required by law, we may disclose your child's protected health information if we believe that he/she has been a victim of abuse, neglect or domestic violence to the government 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 protected health information 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 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 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.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information 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 protected health information 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

**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 a 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.

**National Security:** When the appropriate conditions apply, we may disclose your child's protected health 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.

**Workers' Compensation:** Your child's protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your child's protected health information if he/she is an inmate of a correctional facility and your physician created or received your child's protected health information in the course of providing care to him/her.

**Breach Notification:** The office must notify a patient (parent) in writing when a breach in protected health information occurs.

**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 et. seq.

## **2. Your Rights**

Following is a statement of your rights with 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 receive a copy of your child's protected health information.** This means you may inspect and receive 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 "designated record set" contains medical and billing records and any other records that your physician and the practice would use for making decisions about your child. This copy will be provided in electronic format unless otherwise requested.

Under federal law, however, you may not inspect or receive a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to such information (example is State disability determination exams). Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact one of our privacy contacts if you have questions about access to your child's medical record.

**You have the right to request a restriction of your child's 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 his/her care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction request. If the physician believes it is in your child's best interest to permit use and disclosure of his/her protected health information, this 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 or if use or disclosure is otherwise in accordance with federal and state laws. You may request a restriction by notifying one of our privacy contacts. This restriction request will be dated and noted in the medical record (hard copy and electronic) along with the name of the person requesting such restriction.

**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 from you as to the basis for the request. Please make this request in writing to one of our privacy contacts.

**You 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, 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 one of our privacy contacts 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 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. It excludes disclosures we may have made to you, for a facility directory, 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 have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying one of our privacy contacts. We will not retaliate against you for filing a complaint.

You may contact one of our privacy contacts, **Lucy Everett, LaShea Cotton, or Heather Hinckley** at (334) 794-8656 for further information about the complaint process.

Final regulations of HIPAA effective March 23, 2013. Compliance date September 23, 2013.

8/20/2013  
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