



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information may be used and disclosed and how to get access to this information. Please read it carefully.

Charish L. Barry, MD, DBA *Petite Pediatrics* is legally required to safeguard the privacy of patient health information. This information is called "Protected Health Information" (PHI). It includes information in the medical records that can be used to identify a patient. This is information about a patient's past, present, or future health or condition. *Petite Pediatrics* must provide our patients and/or patient representative (parent or legal guardian) notice about our privacy practices that explain how, when, and why we use and disclose PHI. With some exceptions, *Petite Pediatrics* may not disclose any more PHI than is necessary to accomplish the purpose of the use or disclosure. *Petite Pediatrics* is legally required to follow the Privacy Practices that are described in this notice.

Petite Pediatrics reserves the right to change the terms of this notice and our Privacy Policies at any time. Any changes will apply to the PHI it records. Before an important change is made to Privacy Policies, this notice will be promptly changed and we will post a new notice in the lobby of our facility. A copy of this notice from *Petite Pediatrics* may be requested during regular business hours or by downloading it from our website: www.petitepediatrics.com.

PETITE PEDIATRICS USE AND DISCLOSURE OF PHI

Petite Pediatrics uses and discloses health information for many different reasons. For some of these uses or disclosures, a prior consent or specific authorization is required. The different categories of disclosures with examples of each category are listed below.

- A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations That Require Prior Written Consent:
 1. For Treatment: *Petite Pediatrics* may disclose PHI to physicians, nurses, medical students and other health care personnel who provide health care services or are involved in the patient's care. For example, a knee injury may require that PHI is disclosed to a physical therapist in order to coordinate care.
 2. To Obtain Payment for Treatment: PHI may be used and disclosed in order to bill and collect payment for the treatment and services provided. For example, we may provide portions of the PHI to the patient's health plan to get paid for the health care services rendered. We may also provide PHI to business associates such as billing companies, claims processing companies, and others that process the medical group's health plan.
 3. For Health Care Operation: PHI may be used and disclosed in order to operate the medical group. For example, PHI may be used and disclosed in order to evaluate the performance of the health care professionals who provide the health care services. PHI may also be provided to accountants, attorneys, consultants, and others in order to exercise compliance with the law.
- B. Certain Uses and Disclosures Do Not Require Consent:
 1. Exceptions to consent requirement for treatment, payment, and health care operations. Although consent is required for items about 1-3, *Petite Pediatrics* may disclose PHI to others without consent in certain situations. For example, consent is not required if the patient needs emergency treatment, as long as we attempt to get consent after treatment or we try to get consent but the patient is unable to communicate with us (for example, altered level of consciousness).
 2. We may also use and disclose PHI without consent or authorization for the following reasons:
 - a. Federal, state or local law, judicial or administrative proceeding, or law enforcement requires disclosure. For example, where a law requires that information be reported to government agencies and law enforcement personnel about victims of abused, neglect, or



- domestic violence; when dealing with gunshot and other wounds; or when ordered in judicial or administrative proceeding.
- b. Public health activities. For example, information about births, deaths, and various diseases reported to government officials and to coroners, medical examiners, and funeral directors necessary information relating to an individual's health.
 - c. Health oversight activities. For example, information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
 - d. Purposes of organ donation. Notification to organ procurement organizations to assist them with organ, eye or tissue donation and transplants.
 - e. Research purposes. In certain circumstances, PHI is provided in order to conduct medical research.
 - f. To avoid harm. To avoid a serious threat to the health or safety of a person or the public, PHI may be provided to law enforcement personnel or persons able to prevent or lessen such harm.
 - g. Specific government functions. PHI of military personnel and veterans may be disclosed in certain situations. PHI for national security purposes such as protecting the president of the United States or conducting intelligence operations may be disclosed.
 - h. Worker's compensation purposes. PHI is provided in order to comply with worker's compensation laws.
 - i. Appointment reminders and health related benefits or service. PHI may be used to provide appointment reminders or give information about treatment alternatives, or other health care services or benefits we offer.
3. Disclosures Patients (Parent/Legal Guardian) Have An Opportunity to Object To:
- a. Disclosures to family, friends, or others. *Petite Pediatrics* may provide PHI to a family member, friend, or other person that is designated and involved in the patient's direct care or the payment for health care. The opportunity to consent may be obtained retroactively in emergency situations.
 - b. All other uses and disclosures require Prior Written Authorization. In any other situation not described about, written authorization will be obtained before using or disclosing any PHI. An authorization may be revoked in writing to stop any further uses or disclosures (to extent that we have not taken any action relying on the authorization).

PATIENT RIGHTS REGARDING PHI

1. The Right To Request Limits on Uses and Disclosures of PHI.

The patient and/or parent/legal guardian has the right to ask *Petite Pediatrics* to limit how PHI is used and disclosed. The request will be reviewed but *Petite Pediatrics* is not legally required to accept it. If *Petite Pediatrics* accepts the request, it will put any limits in writing and abide by them except in emergency situations. The uses and disclosures that *Petite Pediatrics* is legally required or allowed to make cannot be limited.

2. The Right To Choose How *Petite Pediatrics* Sends PHI.

The patient and/or parent/legal guardian has the right to request that information is sent by alternate means or to an alternate address. *Petite Pediatrics* must agree to the request so long as it can easily provide the information in the format requested.

3. The Right to See and Get Copies of PHI.

In most cases, the patient and/or parent/legal guardian has the right to look at or get copies of PHI, but must make a request in writing. If we do not have the requested PHI but know who does, instructions for obtaining the information will be provided. *Petite Pediatrics* will respond within 30 days after receiving a written request. In certain situations, a request may be denied. In the event of request denial, notification will be provided in writing with the reasons for the denial and information regarding the right to have the



denial reviewed. Charges will be applied at a usual and customary per page rate. Alternatively, by written agreement, a summary or explanation of the PHI may be given.

4. The Right to Get a List of Disclosures Made.

The patient and/or parent/legal guardian has the right to get a list of any documents that have been disclosed. The list will not include uses and disclosures that were previously consented to, such as those made for treatment, payment, or health care operations, directly to the patient, family, or within our facility. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or public health disclosures required by local government or health agencies. We will respond within 60 days of receiving the request. The list will include: disclosures made within the last six years unless care provided is less than that time period or a shorter period is requested, the date of the disclosure, to whom PHI was disclosed (including address, if known), a description of the information disclosed, and the reason for the disclosure. The list will be provided at no charge. If there is more than one request per year, there will be a charge for each additional request.

5. The Right to Update PHI.

If the patient and/or parent/legal guardian believes there is a mistake in the PHI or that a piece of important information is missing, the patient and/or parent/legal guardian has the right to request a correction or addendum to the PHI. A written request is required and will receive a response within 60 days of receipt. The request may be denied in writing if the PHI is 1) correct and complete 2) not created by this office 3) not allowed to be disclosed or 4) not part of our records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If one is not filed, the patient and/or parent/legal guardian has the right to ask that the request and our denial be attached to all future disclosures of PHI. If the request is approved, the addendum to the PHI will be made with notification of this action. By written request, notification about the change to the PHI can be provided to designated parties.

HOW TO SUBMIT A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If the patient and/or parent/legal guardian believes that *Petite Pediatrics* may have violated patient privacy rights, or the patient and/or parent/legal guardian disagree with a decision made about access to the PHI, a complaint can be filed with us. A written complaint may also be filed with to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA 94102. *Petite Pediatrics* will take no retaliatory action against the patient and/or parent/legal guardian if a complaint is filed about its Privacy Practices.

INQUIRIES ABOUT THE NOTICE OF PRIVACY PRACTICES

If the patient and/or parent/legal guardian has questions about this notice or any complaints about *Petite Pediatrics* Privacy Practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: *Petite Pediatrics*, 1525 State Street, Suite 206, Santa Barbara, CA 93101.

EFFECTIVE DATE OF THE NOTICE:

This notice is in effect as of April 1, 2010



NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

Notice of Privacy Practices

I have been offered and understand the Notice of Privacy Practices for *Petite Pediatrics*.

Patient's Name: _____

Patient's DOB: _____

Parent /Legal Guardian Name: _____

Signature of Parent/Legal Guardian or Patient (if >18 years)

Date