



## 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. PLEASE REVIEW CAREFULLY.**

This notice of Privacy Practices describes how we may use and disclose your protected information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your 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. The revised notice will be effective for all protected health information that we maintain at that time.

How we may use and disclose medical information about you.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes medical information about you to doctors, nurses, and other office personnel who are involved in your care.

For example, your 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 and treat you.

**For Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a diagnostic procedure or outpatient service may require that your relevant protected health information be disclosed to the health plan to obtain approval for the service.

**For Healthcare Operations.** We may use or disclose medical information about you for office operations. These uses and disclosures include, but are not limited to, quality assessment, employee review, licensing and accreditation. For example, we may use a sign-in sheet at the registration desk where you will be asked sign your name. We may also call you by name in the waiting room. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situation without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceeding: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Criminal Activity: Military Activity and National Security Worker's Compensation: Inmates: Required Uses and Disclosure: Under the law, we must make disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance of Section 164.500.

Other Permitted and Required Use and Disclosures will be made only with your authorization or opportunity to object unless required by Law.

We will share your protected health information with third party "business associates". Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Your Rights Regarding Medical Information About You.

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of medical and billing records and any other records that your physician and the practice use for making decisions about you for as long as we maintain the protected health information.

Under Federal Law, 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 protected health information is subject to law that prohibits access to protective health information.

Requests to inspect and copy your protected health information must be submitted in writing. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances.

**Right to Amend.** You have the right to have your physician amend your protected health information. If you feel that medical information we have about you is incorrect or incomplete, you may ask your physician to amend the information, if it is inaccurate. Requests to amend your protected health information must be submitted in writing. We may deny your request to amend your protected health information in certain very limited circumstances.

**Right to an Accounting of Disclosures.** You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an Authorization, disclosures incidental to another Permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend.

The request for restriction on disclosure must be submitted in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about Medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be submitted in writing. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we will receive in the future. We will post a copy of the current notice in the practice waiting room.

**Complaints.** If you believe your privacy rights have been violated, you may file a Complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. Information about filing is available online at the government's website: <http://www.hhs.gov/ocr/hipaa>. You will not be retaliated against for filing such a complaint.

Submit complaints to:  
Pediatrics of Northeastern Pa  
920 Viewmont Drive  
Dickson City, Pa. 18519

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Privacy Officer in person or by phone.