

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 IT CAREFULLY.

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.

What is Protected Health Information?

“Protected Health Information” (PHI) is information that individually identifies you and that we create or get from you or 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.

At Integrity Health Group (Tonawanda Pediatrics LLP, Island Pediatrics, Transit Meadow Pediatrics, Main Pediatrics LLP) we are committed to treating and using your protected health information (PHI) responsibly. Each time you visit our office a record, usually referred to as a “medical record” of your visit is made. The medical record is completed to document your evaluation, diagnosis and treatment. The information in the medical record serves many useful purposes. It is a valuable tool that assists us in providing you with quality care. New York State law requires us to maintain a medical record for each patient, which accurately reflects the evaluation and treatment of that patient.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

In certain situations, which we will describe below, we must obtain your written authorization in order to use and/or disclose your PHI. *However, we do not need any type of authorization from you for the following uses and disclosures:*

For Treatment, Payment, and Health Care Operations

We may use or disclose your PHI:

For Medical Treatment or Services and to Manage and Coordinate Your Medical Care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

For Payment. We may bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommended for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

For Health Care Operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes. We may disclose PHI to our Office Manager and/or Executive Director in order to resolve any complaints you may have and ensure that you have pleasant visits with us.

Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosures, please notify the Office Manager. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work related illnesses and injuries or workplace medical surveillance.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may contact you to remind you that you have an appointment for medical care, or to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. *You should take note that, if you are a parent or legal guardian of a patient that is a minor, certain portions of the minor's medical record will not be accessible to you (e.g. records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to consent himself/herself ((without your consent)), such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor, and contraception and/or family planning services).*

Schools. We may disclose proof of immunization to a school without having to obtain a written authorization.

Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process and to defend ourselves in the event of a lawsuit.

Law Enforcement Officials. We may disclose PHI to law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. We may use and disclose your PHI for research purposes, but we 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 PHI. Even without that special approval, we may permit researchers to look at PHI 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 PHI.

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. We will only disclose the information to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI 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 PHI.

Military and Veterans. If you are involved with military, national security, or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law. We may also disclose PHI to the appropriate foreign military authority if you are a member of the foreign military.

Workers' Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

Abuse, Neglect, or Domestic Violence. We may disclose PHI 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.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your 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 practicably can do so.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

As required by law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

USE AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure with Your Authorization. For any purpose other than the ones described above in the “How We May Use And Disclose Health Information About You” section, we only may use or disclose PHI when (1) you give us your authorization on our authorization form (Your “Authorization”). For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company, to your child’s camp or school, or to the attorney representing the other party in litigation in which you are involved. We must also obtain your written authorization prior to using your PHI to send you any marketing materials from a third party. We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your authorization for marketing purposes. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatment, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products. We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications by submitting a written request.

Special Authorization. Confidential HIV-related information (for example, information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV-related illness or AIDS, or any information which could indicate that you have ever been potentially exposed to HIV) will never be used or disclosed to any person without your specific written authorization, except to certain other persons who need to know such information in connection with your medical care, and in certain limited circumstances, to public health or other government officials (as required by law), to persons specified in a special court order, to insurers as necessary for payment for your care or treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes (in accordance with a specified process set forth in New York State law).

YOUR RIGHTS

Right to request Additional Restrictions. You may request restrictions on our use and disclosure of PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer. We will say “yes” unless a law requires us to share that information. All requests for such restrictions must be made in writing. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please obtain a request form from our Office Manager and submit the completed form to the Office Manager. We will notify you in writing if your request is accepted or denied.

Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

Right to Inspect and Copy. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. You have the right to request that a paper or electronic copy of your record be given to you or transmitted to another individual of entity. We will make every effort to provide access to your PHI in the form or format you request. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or a hard copy form. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you desire access to your records, please obtain a record request form from the Office Manager and submit the completed form to the Office Manager. If you request copies, we will charge you seventy-five cents for each page. We may also charge you a reasonable, cost based fee for the labor associated with transmitting the electronic medical record.

You should take note that, if you are a parent or legal guardian of a patient that is a minor, certain portions of the minor’s medical record will not be accessible to you (e.g. records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to consent himself/herself ((without your consent)), such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor, and contraception and/or family planning services).

Right to Revoke Your Authorization. You may revoke your authorization, your special authorization, or your marketing authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Office Manager.

Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend you records, please obtain an amendment request form from the Office Manager and submit the completed form to the Office Manager. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive An Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we will charge you seventy five cents per page of the accounting statement.

Right to Receive Paper Copy of this Notice. Upon written request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

OUR RESPONSIBILITIES

Integrity Health Group is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information. If the notice is revised, the revised notice will be available on request at any office and on our website.

COMPLAINTS

If you believe that your privacy rights have been violated, you may complain to Integrity Health Group by contacting our Privacy Officer at (716) 691-3400. You may file a complaint to the Secretary of the United States Department of Health and Human Services by calling 1-877-696-6775 or at www.hhs.gov/OCR/privacy/hipaa/complaints. Integrity Health Group will not retaliate against any person for filing a complaint.

ADDITIONAL INFORMATION REGARDING ON CALL NURSE TRIAGE CALL RECORDING

In an effort to provide more expeditious and effective health care to all our patients, Tonawanda Pediatrics, LLP (Tonawanda Pediatrics, Island Pediatrics and Transit Meadow Pediatrics) has engaged Night Nurse Inc. as our after-hours triage call center. Night Nurse Inc. records all of its calls (incoming and outgoing) so as to have an actual record of the information provided. Your signature on the intake form acknowledging provision of this notice serves as consent for you and your minor children. It may be revoked at any time by written notice to the office who shall send a copy to Night Nurse Inc.

CONTACT PERSON

If you have any questions, please contact the Director of Operations at (716) 691-3400, ext. 215.

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