

# TONAWANDA PEDIATRICS / ISLAND PEDIATRICS

## NOTICE OF PRIVACY PRACTICES

Effective date: April 14, 2003

**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.**

### **OUR PRIVACY OBLIGATIONS**

Regulations issued under Federal law known as the Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), which became effective on April 14, 2001, require us to provide notice of the uses and disclosures of protected health information, and of your rights with respect to protected health information ("PHI").

At Tonawanda Pediatrics LLP / Island Pediatrics LLP ("Tonawanda Pediatrics/Island Pediatrics") we are committed to treating and using your protected health information responsibly. Each time you visit Tonawanda Pediatrics/Island Pediatrics 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. Unless otherwise provided by law, medical records must be retained for at least six (6) years. Records of minor patients must be retained at least six (6) years, and until the minor patient reaches the age of nineteen (19).

### **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.** The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some 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.

**1. Treatment.** We may use health information about you to provide you with health treatment or services. For example, information obtained by a physician or other member of the health care team at Tonawanda Pediatrics/Island Pediatrics will be recorded and used as a tool to help determine the course of medical treatment for the patient. The medical record will document the evaluation, diagnosis and treatment you have received, the manner you have responded to treatment and the doctor's medical observations and plan of care. When planning your course of treatment, we will often review the medical record and use it as a reference to evaluate your health or condition.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI about you to other providers involved in your treatment. Further, at your request, we will make copies of your records or various reports contained in the record available to subsequent treating physicians or health care professionals who may use the medical records as a reference in your treatment.

**2. Payment.** We may use and disclose PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (your "Payor"), or to verify that your Payor will pay for health care.

As an example, prior to providing services to an HMO patient, we may be required by the HMO to provide medical information about the patient to determine whether the HMO will pay for the proposed treatment. If we bill for the services that were provided to you, the HMO may require information about the treatment before making payment.

**3. Health Care Operations.** We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI to our Office Manager 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 judgement 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.

**Victims of Abuse.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

**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.

**Law Enforcement Officials.** We may disclose PHI to the police or other 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 or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

**Health or Safety.** We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

**Specialized Government Functions.** We may use and disclose PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances required by law.

**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.

**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. (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.

**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. All requests for such restrictions must be made in writing. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Office Manager and submit the completed form to the Office Manager. We will send you a written response.

**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. 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 \$0.75 (seventy-five cents) for each page.

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 identified below. [A form of Written Revocation is available upon request from 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 and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$0.75 (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**

Tonawanda Pediatrics/Island Pediatrics 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 this office.

## **COMPLAINTS**

If you believe that your privacy rights have been violated you may complain to Tonawanda Pediatrics/Island Pediatrics by contacting our Privacy Officer at (716) 691-3400. You may also complain to the Secretary of the United States Department of Health and Human Services. Tonawanda Pediatrics/Island Pediatrics will not retaliate against any person for filing a complaint.

## **CONTACT PERSON**

If you have any questions please contact Sandra Yeater, Executive Director, at (716) 691-3400, ext. 215.