

## NOTICE OF PRIVACY PRACTICES

### Lake Ray Hubbard Pediatrics, PA

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Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR FAMILY MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, we are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our privacy practices, our legal duties, and your rights concerning your health information.

Our office is required to abide by the terms of this Notice of Privacy Practices. As time passes our privacy practices and the law related to them may change which may require a change to this notice. The revised notice will be posted in our office. For more information about our privacy practices, or for additional copies of the notice, please contact us using the information listed at the end of the notice.

Protected Health Information (PHI) includes, but is not limited to, medical records, lab reports, referrals, radiology/imaging, specialist consultations, immunization records, current demographics, insurance information, telephone conversations and/or messages.

#### **Permissible Uses And Disclosures Of PHI Without Your Written Authorization**

We will use and disclose Protected Health Information about your family for treatment, payment, and healthcare operations. For example:

- **Treatment:** To maintain high quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This can include employees in this office as well as other health care providers. We may also use or disclose your health information to provide you with appointment reminders such as voice mail message, postcards and or letters.
- **Payment:** Necessary information will be shared with appropriate payor sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, claim processing and utilization review. It will also be necessary for our billing personnel to have access to PHI information to carry out their billing and collection efforts.
- **Healthcare Operations:** Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

We may also disclose PHI to our business associates for the treatment, payment of health care operations, or to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities.

A child's PHI will be provided to the child's family members other than the parents, such as grandparents, uncles, aunts, brother and sisters unless a specific request not to do so is on file from the parents.

#### **Specific Authorization Required For Other Uses And Disclosures Of PHI**

Other uses and disclosures of your protected health information will only be made with your written authorization. This authorization will only allow the use or disclosure of the specific information detailed on the authorization form you provide. Any specific authorizations you request will remain in effect till you revoke the authorization in writing. Some examples include but are not limited to; marketing activities, the use or disclosure of psychotherapy records in our possession, transferring of your child's medical records in our possession to other doctors and in some instances for research purposes. Two exceptions to the written authorization requirement will be for shot records and school related documents which will be provided based on verbal requests by the parent or guardian. Parent identity verification may be required for each request.

### **Other Uses And Disclosures Of PHI May Be Made Without Your Authorization**

The following are situations where this office may use or disclose your PHI without your consent or authorization:

- ! As required by law, court orders, a legal process, or government agencies.
- ! For matters of public health for the purpose of controlling disease as dictated by law.
- ! Disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.
- ! Disclosures may be made to public health authorities in situations of suspected abuse or neglect.
- ! Disclosures to Institutional Review Boards of your de-identified information for the purpose of medical research.

### **Patient Rights effective April 14, 2003**

- ! In general you will have the right to look at or receive a copy of your protected health information. Requests for this information must be in writing and detail the information you are requesting. Some exceptions include but are not limited to: psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceedings. There will be an administrative charge for expenses such as making copies and staff time. Please allow 48 hours for copies to be made available.
- ! You have the right to request a restriction of the disclosure of your protected health information for treatment, payment, or operations. This office is not required to agree to the request, but will do so at our discretion based on medical and business need. The request may not apply in some emergency situations. These requests must be submitted in writing.
- ! You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests. These requests must be submitted in writing.
- ! You have the right to request an accounting of the disclosures made of your protected health information by this office (after April 14, 2003). This only applies to disclosures made for purposes other than treatment, payment, and healthcare operations. Only one request a year will be allowed. There may be a charge for this preparation of this information. These requests must be submitted in writing.
- ! You have the right to request that we amend your protected health information in your medical records. If you desire to amend your records, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete and or other special circumstances apply.
- ! You may submit a written complaint to the Director, Office of Civil Rights of the US Department of Health and Human Services if you (1) are concerned that we may have violated your privacy rights, (2) disagree with a decision we made about access to your health information, (3) disagree with a response we made to a request to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations. We would ask that you first contact us regarding your problem and allow us the opportunity to resolve your issue. At no time will there be any retaliation against a family for filing a complaint.

### **Questions and Concerns**

If you need additional information regarding our privacy practices, or have questions or concerns, please contact our Privacy Officer at 972-412-3034 Ext. 120. If you need to contact us by mail please send your correspondence to:

Lake Ray Hubbard Pediatrics  
Attn.: Privacy Officer  
862 W Rusk Street  
Rockwall, TX 75087  
972-412-3034