



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Notice Effective 10/1/2013

PediPlace reserves the right to change this notice at any time. Any change will be effective for all health information being maintained at that time.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

PediPlace has to use and release some of your health information to conduct its business. The following section explains some of the ways we are permitted to use and release health information.

TREATMENT PURPOSES While we are providing you with healthcare services, we may need to share your health information with other healthcare providers or other individuals who are involved in your treatment. Examples include doctors, nurses, hospitals, pharmacists, therapists, and labs that are involved in your care.

PAYMENT PURPOSES PediPlace may need to share a limited amount of your health information to obtain or provide payment for the healthcare services provided to you.

- **Eligibility:** An example is the insurance company that will be paying for your healthcare. This helps us determine if you are eligible for benefits, and if you are responsible for paying a co-payment.
- **Claims:** PediPlace and businesses we work with share health information for billing and payment purposes. For example, your doctor must submit a claim form to get paid, and the claim form must contain certain health information.

HEALTHCARE OPERATIONS PediPlace may need to share your health information in the course of conducting healthcare business activities that are related to providing healthcare to you. Examples include:

- **Quality Improvement:** The information may be used to evaluate and improve the quality of the care and services we provide.
- **Health Promotion and Disease Prevention:** We may use your health information to tell you about disease prevention and healthcare options. For example, we may give you healthcare information on issues such as asthma, vaccines, or growth and development.
- **Case Management and Referral:** If you have a health problem or a healthcare need is identified by you or one of your providers, you may be referred to an organization such as a home health agency, medical equipment company or other community or government program. This may require the release of your health information to these agencies.
- **Appointment Reminders:** PediPlace may use your health information to remind you of recommended services, treatments or scheduled appointments.
- **Business Associates:** There are some services provided at PediPlace through contracts with Business Associates, such as billing, claims processing, and records storage. Business Associates are required by Federal law to protect your health information.
- **Audits:** PediPlace may use or release your health information to make sure that its business practices comply with the law and with our own policies. Examples include audits involving quality of care, claims submission or patient confidentiality.
- **Students & Trainees:** Students and other trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, and internships.
- **Business Activities** -We may use or release your health information to perform internal business activities. Examples include business planning, computer systems maintenance, accounting services and customer service.

OTHER PURPOSES

- **Required By Law:** Sometimes we must report some of your health information to legal officials or authorities, such as law enforcement officials, court officials, governmental agencies or attorneys. Examples include reporting suspected abuse or neglect, or certain physical injuries, or responding to a court order, subpoena, warrant or lawsuit request

- **Public Health Activities** -We may be required to report your health information to authorities to help prevent or control disease, injury or disability. Examples include reporting certain diseases, injuries, birth or death information, or disclosures to the Food and Drug Administration regarding adverse events related to food, medications or devices.
- **Health Oversight Activities:** We may be required to release health information to authorities so they can monitor, investigate, inspect, or license.
- **Research Purposes:** We may use or release health information about you for research purposes. However, all research projects require a special approval before they begin. In some instances, your health information may be used but your identity is protected.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose health information to these entities in the event of death in order to carry out their duties as authorized by law.
- **Military Command Authorities:** We may disclose health information on members of the armed forces as required by law.

WHEN YOUR AUTHORIZATION IS REQUIRED Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your health information. Authorization is required for most uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of PHI. If you provide us authorization to use or release health information, you may cancel that authorization at any time by submitting a written statement to the Privacy Officer.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

RIGHT TO RECEIVE THIS NOTICE You have the right to receive a paper copy of this notice at any time. You may contact our office for a copy.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS You have the right to request that PediPlace communicate your health information to you in different ways or places. For example, you may ask that we contact you by telephone at work or by email at home. We will do this whenever it is reasonably possible.

RIGHT TO REQUEST RESTRICTIONS You have the right to request restrictions or limitations on how your health information is used or released for payment, healthcare operations or to family members or friends. We have the right to deny your request. However, if you have paid for a healthcare item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations.

RIGHT TO ACCESS With a few exceptions, you have the right to review and receive a copy of your health information. Exceptions include: Psychotherapy notes; information gathered for court proceedings; and any information your provider feels would cause you to commit serious harm to yourself or to others. To receive a copy of your health records, complete and sign the Medical Records Release form. We may charge you a fee to copy your records.

RIGHT TO AMEND You have the right to request that PediPlace's information in your electronic health record be changed if it is not correct or complete. You must provide the reason why you are asking for a change. We may deny your request if: we did not create the information; we do not keep the information; you are not allowed to see and copy the information; or the information is already correct and complete.

RIGHT TO A RECORD OF DISCLOSURES You have the right to ask for a list of releases of your health information by sending a request in writing to the Privacy Officer. Your request may not include dates earlier than the six years prior to the date of your request. The list will contain only information that is required by law and will not include releases for treatment, payment, health care operations or releases that you have authorized.

RIGHT TO BE NOTIFIED OF A BREACH As required by state and federal law, you have the right to be notified when we or one of our Business Associates discovers an inappropriate use or disclosure of your health information. In this instance, written notification will be made by the Privacy Officer.

OUR RESPONSIBILITIES Your health information is personal. We are required by law to protect the privacy of your health information, and will only release your health information as allowed by law or with special written authorization from you.

IF YOU HAVE A COMPLAINT ABOUT HOW YOUR HEALTH INFORMATION IS HANDLED If you believe your privacy rights have been violated, you may file a complaint with PediPlace or with the Secretary of the Department of Health and Human Services. You will not be denied treatment or penalized in any way if you file a complaint.

Privacy Officer Contact: Siobhan Vandiver, PediPlace 502 S Old Orchard Ste 126, Lewisville, TX 75067 972.436.7962 siobhan.vandiver@pediplace.org