

New Interlachen Pediatrics, P.A.

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR CHILD'S PRIVACY

Our practice is dedicated to maintaining the privacy of your child's protected health information (PHI). In conducting our business, we will create records regarding your child and the treatment and the services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's PHI
- Your child's privacy rights regarding their PHI
- Our obligations concerning the use and disclosure of your child's PHI

The terms of this notice apply to all records containing your child's PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your child's records that we may create in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and on our website at www.intped.com. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 407-767-2477

C. WE MAY USE AND DISCLOSE YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your child's PHI.

- 1. Treatment.** Our practice may use your child's PHI to treat your child. For example, we may ask your child to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your child's PHI in order to write a prescription for him/her or we might disclose your child's PHI to a pharmacy when we order a prescription for him/her. Many of the people who work for our practice including but not limited to our doctors and nurses, may use and disclose your child's PHI in order to treat him/her or to assist others in your child's treatment. Additionally, we may disclose your child's PHI to others who may assist in your child's care such as relatives, babysitters or anyone who brings your child to our office for care. Finally, we may also disclose your child's PHI to other health care providers for purposes related to your child's treatment.
- 2. Payment.** Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your child's health insurer to certify that he/she is eligible for benefits (and for what range of benefits) and we may provide your child's insurer with details regarding your child's treatment to determine if your child's insurer will cover or pay for your child's treatment. We also may use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs such as family members. Also, we may use your child's PHI to bill you directly for services and items. We may disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's PHI to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice. We may disclose your child's PHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your child's PHI to contact you and remind you of an appointment. We may contact you by telephone, mail or through other electronic communications (i.e. text message, e-mail, secure patient portal).
- 5. Treatment Options.** Our practice may use and disclose your child's PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your child's PHI to inform you of health-related benefits and services that may be of interest to you.
- 7. Release of Information to Family/Friends.** Our practice may release your child's PHI to a friend or family member that is involved in your child's care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example the babysitter may have access to this child's medical information.
- 8. Disclosures Required By Law.** Our practice will use and disclose your child's PHI when we are required to do so by federal, state or local law.
- 9. Student Disclosures** Our practice, upon oral agreement by the patient or their parent/guardian, may disclose proof of immunization to a school where such proof is required by State or local law to permit admission into the school.

D. USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your child's protected health information:

- 1. Public Health Risks.** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - maintaining vital records such as births and deaths
 - reporting child abuse and neglect
 - preventing or controlling disease, injury or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person or entity regarding a potential risk for spreading or contracting a disease or condition
 - reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled

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- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult (including domestic violence); however, we will only disclose this information if the individual agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to a caretaker's need to miss work due to a child's illness.

2. Health Oversight Activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include for example investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative and criminal procedures or actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to a discovery request, subpoena or other lawful process by another party.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency to report a crime (including the location or victim(s) of the crime, or the description, identity of the location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. PHI of the deceased patient may be released for research related activities. Additionally, PHI of a deceased patient may be released to family members or others who were involved with the care or payment for care prior to death. In the fifty years following the death of the patient their PHI will remain protected. Following this period, their information is no longer considered protected.

6. Organ and Tissue Donation. Our practice may release your child's PHI to organizations that handle organ, eye and or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your child's PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your child's authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your child's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or to the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your child's PHI if the parent is a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your child's PHI to federal officials for intelligence and national security activities authorized by the law. We may also disclose your child's PHI to federal officials in order to protect the President, other officials of foreign heads of state, or to conduct investigations.

E. YOUR RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights regarding the PHI that we maintain about your child:

1. Confidential Communications. You have the right to request our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication you must make a written request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477** specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Healthcare Proxy. You are acting as a healthcare proxy for your child. This allows you access to their confidential medical records through a secure patient portal. Florida statutes provide certain rights of confidentiality for minors regarding treatment of certain conditions which do not require parental consent. Therefore, if a minor patient seeks treatment for one of those protected conditions and wishes to revoke parental consent to the portal based on confidentiality they have that right. As a parent you may request copies of medical records pertaining to visits other than those regarding the confidential condition protected by Florida statutes and may request those copies following the instructions listed below. Additionally, once your child turns 18 your access will automatically be revoked as your child is now a legal adult. The patient may elect, if they choose, to authorize you as a healthcare proxy and provide you access to the secure patient portal.

3. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members and friends. Finally, you have the right to request a restriction on the use or disclosure of your child's PHI to a health plan in the event that services have been paid in full at the time of service. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply to.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your child's request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477** in order to inspect and/or obtain a copy of your child's PHI. You may request PHI that is maintained in our Electronic Health Record be delivered to you in electronic format. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request not to exceed the legal limits as established by the statutes of the State of Florida. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however you may request a review of our denial. Another licensed health care professional chosen by us will conduct the reviews.

4. Amendment. You may ask us to amend your child's health information if you believe that it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment submit a your written request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny the request if you ask us to amend information that is in our opinion: (a) accurate and complete (b) not part of the PHI kept by or for our practice (c) not part of the PHI which you would be permitted to inspect and copy or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment, non-payment or non-operations purposes. Use of your child's PHI as a part of

the routine patient care in our practice is not required to be documented. For example, when the doctor shares information with the nurse or the billing department used your child's information to file your child's insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. All requests for an "accounting of disclosures" must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**.

7. Right to File a Complaint. If you believe your child's privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing prior to the request being processed or within 90 days, whichever comes first. After you revoke your child's authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note we are required to retain records of your child's care. The following are examples of uses and disclosures requiring prior written authorization, this list is in not intended to be an exhaustive list of all uses and disclosures requiring prior written authorization:

- a. Transfer of care to another medical provider
- b. Request copies of psychotherapy notes
- c. Release of information to a 3rd party such as an attorney
- d. Marketing
- e. Sale of PHI

F. BREACH NOTIFICATION

In the event that your child's unsecured PHI is breached we are required, upon discovering the breach, to notify you as well as the Secretary of the Department of Health and Human Services.