Effective date of this notice 6/1/2015

SMITHFIELD PEDIATRICS

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PLEASE REVIEW THIS NOTICE CAREFULLY

A. **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also 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 IIHI. 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 IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing you IIHI 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 records that our practice has created or maintained in the past and for any records that we may create or maintain in the future. Our office will post a copy of our current notice in our office, in a visible location at all times and you may request a copy of this notice at any time.

B. If you have any questions about this notice, please contact
Susan Erbe 401-231-3138

C. **We may use and disclose your IIHI in the following ways:**

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests, such as blood or urine tests, and we may use the result to reach a diagnosis. We may use your IIHI in order to write a prescription for you, or we may disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people that work for our practice including, but not limited to, our doctors and nurses may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with

details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose you IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use you IIHI to bill you directly for services and items. We may disclose your IIHI 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 IIHI to operate our business. For example, we may use your IIHI 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 IIHI to other health care providers and entities to assist in their health care operations.
4. **Appointment reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. **Treatment options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health related benefits and services.** Our practice may use and disclose your IIHI to inform you of health related benefits or services that may be of interest to you.
7. **Release of information to family/friends.** Our practice may release your IIHI to a friend or family member that is involved in your 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 an illness. In this example, the babysitter may have access to this child's medical information.
8. **Business Associates.** We may use and disclose your IIHI to contractors, agents or other "business associates" who need information in order to assist us with obtaining payment or carrying out our business operations. For example, we may disclose your IIHI to a billing company that helps us obtain payment from your insurance company, or we may disclose your IIHI to an accounting firm or law firm that provides advice to us. If we do disclose your IIHI to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of you IIHI. If our business associate discloses your IIHI to a subcontractor or vendor, the business associate is of the information.
9. **Proof of immunization.** We may disclose proof of a child's immunizations to a school, about a child who is a student or prospective student of the school, as required by state or other law, if a parent, guardian, other person acting in loco parentis or an emancipated minor, authorizes us to do so, but we do not need written authorization.

D. **Use and disclosure of your IIHI in certain special circumstances.** The following categories describe unique scenarios in which we may disclose your IIHI.

1. **Public health risks.** We may disclose your IIHI 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 or neglect
    - Preventing or controlling disease, injury or disability
    - Notifying a person regarding potential exposure to a communicable disease

- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying your employer under limited circumstances related primarily to workplace injury, illness or medical surveillance

2. **Health oversight activities.** We may disclose your IIHI to government agencies authorized to conduct audits, investigations, and inspections. These agencies monitor the operation of the health care system, government benefit programs such as Medicaid and compliance with government regulatory programs and civil rights laws.
3. **Lawsuits or similar proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law enforcement.** We may release your IIHI if asked to do so by a law enforcement official:
    - Regarding a crime victim in certain situations, if we are able to obtain the person's agreement
    - Concerning a death we believe has resulted from criminal misconduct
    - Regarding criminal conduct at our office
    - 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, or location of the perpetrator)
5. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes **except when** an internal review board or privacy board has determined that the waiver of your authorization satisfies the following (1) the use of disclosure involves no more than a minimal risk to your 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 IIHI will not be re-used or disclosed to any other person or entity(expect as required by law) for authorized oversight of the research study, or for other research for which the use and disclosure would otherwise be permitted; (2) the research could not practicably be conducted without the waiver; and (3) the research could not practicably be conducted without access to and the use of your IIHI.
6. **Serious threats to health and safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent serious threat to your health and safety or 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.

7. **National security.** Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Worker's compensation.** Our practice may disclose your IIHI for workers compensation or similar programs.
9. **Coroners, medical examiners, and funeral directors.** In the event of your death, we may disclose your IIHI to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.
10. **De-identified information or information that constitutes a limited data set.** We may use and disclose your IIHI if we have removed any information that has the potential to identify you so that information is "de-identified". A limited data set will NOT contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, or email address).
11. **Incidental disclosures.** While we will take reasonable steps to safeguard the privacy of your IIHI, certain disclosures of your IIHI may occur during or as an unavoidable result of otherwise permissible uses and disclosures of your IIHI. For example, during the course of an appointment, other patients or clients in the area may see, or overhear discussion of, your IIHI.

E. **Your rights regarding your IIHI.** You have the following rights regarding the IIHI that we maintain about you.

1. **Confidential communications.** You have the right to request that our practice communicate your 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 at work. In order to request a type of confidential communication, you must make a written request to our office specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting restrictions.** You have the right to request a restriction in our use and disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request,** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your IIHI, you must make the request in writing to Susan Erbe in our office. Your request must describe in a clear and concise fashion:
    - The information that you want restricted
    - Whether you are requesting to limit our practice's use, disclosure or both
    - To whom you want the limits to apply

3. **Inspection and copies.** You have the right to inspect and obtain a copy of your IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Susan Erbe at our office in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for copying, mailing, labor and supplies associated with your request. 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 reviews.
4. **Amendment.** You may ask us to amend your IIHI 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, your request must be submitted in writing to Susan Erbe at our office. You must supply 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 your request if you ask us to amend information that is in our opinion: (A) accurate and complete; (B) not part of the IIHI kept by or for the practice; (C) not part of the IIHI 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". This is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. In order to obtain an accounting of disclosures, you must submit your requests to Susan Erbe at our office. All requests for accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure. You have the right to receive one list every twelve (12) month period for free. However, we may charge you for the cost of providing any additional lists in that same 12 month period.
6. **Right to receive notification of a breach.** You have the right to be notified if there is a compromise of your IIHI within sixty (60) days of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.
7. **Right to file a complaint.** If you feel that your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint at our office, contact Susan Erbe. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. **Use and disclosures where special protections may apply.** Some kinds of information, such as HIV-related information, alcohol and substance abuse information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. For example, we are prohibited from using your genetic information for underwriting purposes. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the way these types of information may be used or disclosed, please speak to your health care provider.
9. **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 at any time. Please contact Susan Erbe at our office.

If you have any questions regarding this notice or our health information privacy policies, please contact Susan Erbe at our office.