

## **Barrington Pediatric Associates, Inc.**

### **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)

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

*PLEASE REVIEW THIS NOTICE CAREFULLY.*

#### **A) OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your or your child's individually identifiable health information (IIHI). In conducting business, we will create records regarding you or your child and the treatment and services we provided. We are required by law to maintain the confidentiality of health information that identifies you or your child. 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 or your child's IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this 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 your or your child's 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 or your child's records that our practice has created or maintained in the past, and for any of your or your child's records that we may create or maintain in the future. Our practice 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 our most current Notice at any time.**

#### **B) IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:**

Office Manager, Barrington Pediatrics  
334-D County Road, Barrington, RI 02806 401 247-2288.

#### **C) WE MAY USE AND DISCLOSE YOUR OR YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS.**

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

- 1) Treatment.** Our practice may use your or your child's IIHI to treat you. For example, we may ask you or 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 or your child's IIHI in order to write a prescription for you or your child, or we might disclose your or your child's IIHI to a pharmacy when we order a prescription for you or your child. Many of the people who work for our practice -including but not limited to, our doctors and nurses -may use or disclose your or your child's IIHI in order to treat you or your child or to assist others in the treatment of you or your child. Additionally, we may disclose your IIHI

to others who may assist in your or your child's care, such as your spouse, children or parents. Finally, we may also disclose your IHI to other health care providers for purposes related to your or your child's treatment.

- 2) **Payment.** Our practice may use and disclose your or your child's IHI in order to bill and collect payment for the service and items you or your child may receive from us. For example, we may contact your health insurer to certify that you or your child are eligible for benefits (and for what range of benefits), and we may provide the insurer with the details regarding your or your child's treatment to determine if your insurer will cover, or pay for, the treatment. We also may disclose your or your child's IHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your or your child's IHI to bill you directly for services and items. We may disclose your or your child's IHI 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 or your child's IHI to operate our business. As examples of the ways in which we may use and disclose your or your child's information for our operations, our practice may use your or your child's IHI to evaluate the quality of care you or your child received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your or your child's IHI to other health care providers and entities to assist in the health care operations.
- 4) **Appointment Reminders.** Our practice may use and disclose your or your child's IHI to contact you and remind you of an appointment.
- 5) **Treatment Options.** Our practice may use and disclose your or your child's IHI to inform you of potential treatment options or alternatives.
- 6) **Health-Related Benefits and Services.** Our practice may use and disclose your or your child's IHI 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 or your child's IHI to a friend or family member that is involved in your or your child's care or who assist in taking care of you or your child. 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 or your child's IHI when we are required to do so by federal, state or local law.

#### D) USE AND DISCLOSURE OF YOUR OR YOUR CHILD'S IHI IN CERTAIN SPECIAL CIRCUMSTANCES.

The following categories describe unique scenarios in which we may use or disclose your or your child's individually identifiable health information.

##### 1) Public Health Risks.

Our practice may disclose your IHI 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
- notifying a person 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
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your or your child's employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

- 2) **Health Oversight Activities.** Our practice may disclose your or your child's IHI 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 or your child's IHI in response to a court or administrative order, if you or your child is involved in a lawsuit or similar proceeding. We may also disclose your or your

child's 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 IIHI 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 in 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) or the crime, or the description, identity or location of the perpetrator).
- 5) **Serious Threats to Health or Safety.** Our practice may use and disclose your or your child's IIHI when necessary to reduce or prevent a serious threat to your or your child's 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 prevent the threat.
- 6) **Military.** Our practice may disclose your or your child's IIHI if you or your child is a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 7) **National Security.** Our practice may disclose your or your child's IIHI to federal officials for intelligence and nations security activities authorized by law. We also may disclose you or your child's IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 8) **Inmates.** Our practice may disclose your or your child's IIHI to correctional institutions or law enforcement officials if you or your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services for you or your child, (b) for the safety and security of the institution, and/or (c) to protect your or your child's health and safety or the health and safety of other individuals.
- 9) **Workers' Compensation.** Our practice may release your or your child's IIHI for workers' compensation and similar programs.

#### E) **YOUR RIGHT REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you or your child.

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your or 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 the Office Manager at Barrington Pediatrics 401 247-2288, 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. **Requesting Restrictions.**  
 You have the right to request a restriction in our use or disclosure of your or your child's IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your or your child's IIHI to only certain individuals involved in your or your child's care, such as family members and friends. We are not required to agree with 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 or your child. In order to request a restriction in our use or disclosure of your or your child's IIHI, you must make a request in writing to the Office Manager who should be contacted at 401 247-2288 for further information. 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.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you or your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Office Manager at Barrington Pediatrics in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of 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 or your child's health information if you believe 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 made in writing and submitted to the Office Manager at Barrington Pediatrics. 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 your request if you ask us to amend information that is in our opinion: (a) accurate and complete (b) not part of the IHI kept by or for the practice; (c) not part of the IHI 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 or your child's IHI for non-treatment, non-payment or non-operations purposes. Use of your or your child's IHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Office Manager at Barrington Pediatrics. 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 the 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 list 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 please contact the Office Manager at Barrington Pediatrics.
7. **Right to File a Complaint.** If you believe your 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 the Office Manager at Barrington Pediatrics. 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 or your child's IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your or your child's IHI for the reasons described in the authorization. Please note, we are required to retain records for your or your child's care.

Again, if you have any questions regarding this notice of our health information policies, please contact the Office Manager at Barrington Pediatrics at 401-247-2288.