



## NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you are a parent or legal guardian receiving this Notice because your child receives care at Pediatric Associates of Kingston (“PAK”), please understand that when we say “you” in this Notice, we are referring to your child and the privacy of his or her Protected Health Information (“PHI”). If you are also a patient of PAK/ NEPA Breastfeeding Center, then we are *also* talking about you and the privacy of your PHI; this Notice of Privacy Practices (“Notice”) applies to the PHI of both the pediatric patient and any adult patient of Pediatric Associates.

### WHAT IS A NOTICE OF PRIVACY PRACTICES?

Your medical information is personal and private. PHI is individually identifiable information about you or your health care. It includes all paper and electronic records created and maintained by Pediatric Associates about the care and services that you receive at Pediatric Associates. It also includes as information that Pediatric Associates receives from other doctors and medical facilities that are not part of Pediatric Associates, but which Pediatric Associates keeps to give you better care. PHI may include notes from doctor’s appointments, test and lab results, and copies of X-rays. These are just a few examples. Other types of information about your medical care may also be included.

By law, we must maintain the privacy of your PHI and provide this Notice that tells you:

- How Pediatric Associates may use and share your PHI
- Your rights concerning the privacy of your PHI, including how you may look at or get a copy of your information from Pediatric Associates
- Who to contact if you have questions or want to make a complaint

### WHO MUST FOLLOW THE RULES IN THIS NOTICE?

This Notice applies to all staff at PAK and the NEPA Breastfeeding Center who handle your PHI. This includes physicians, nurses, nutritionists, and other health care professionals permitted by us to provide services to you, as well as residents, trainees, volunteers, and others involved in providing your care. Pediatric Associates may share and use your PHI for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in this Notice.

## **PRIVACY RIGHTS OF CHILDREN UNDER 18 YEARS OLD**

Patients younger than the age of 18 are usually considered minors. Most of the time, a minor's parent(s) or guardian make decisions about the minor patient's medical care and exercise of the privacy rights described in this Notice. However, under certain circumstances, a minor may exercise these privacy rights directly and may even legally keep certain information confidential from his or her parent(s) or guardian. For example, a minor patient has the same rights as an adult patient regarding the diagnosis and care of certain condition (defined by law), such as sexually transmitted diseases, drug or alcohol dependency, and pregnancy. Similarly, a minor patient who is married, has given birth to a child, or meets other legal criteria is considered "emancipated" and has the rights of an adult. Under these circumstances, the minor patient usually can control the release of his or her medical information, even to his or her parent(s) or legal guardian.

## **PEDIATRIC ASSOCIATES' DUTY TO PROTECT YOUR PHI**

Pediatric Associates is required by law to:

- Ensure that PHI is kept private and confidential.
- Make this Notice available to you, which describes the ways that Pediatric Associates uses and shares your PHI, as well as information about your rights under the law concerning your PHI.
- Follow the Notice that currently is in effect.

## **USES AND DISCLOSURES OF YOUR PHI**

Pediatric Associates is permitted by law to use and share your PHI in certain ways. When we share your PHI outside of Pediatric Associates, we will share only what is reasonably necessary. When we act in response to your written permission, share information to help treat you, or are directed by law, we will share all information that you, your health care provider, or the law requires or permits.

The list below tells you about different ways that we may use your PHI and share it with others.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Healthcare providers may use and share your PHI for certain reasons without your written consent. Below are the most common reasons.

*Treatment:* We may use and disclose your PHI to others provide you with medical treatment or services. For example, doctors, nurses, and other professionals involved in your care may use information in your medical record to develop a course of treatment for you or refer you to another health care provider such as a specialist.

*Payment:* We may use and disclose your PHI as necessary for payment purposes. For instance, we may share information about your medical treatment to your insurance provider in order to get approval or payment for services provided to you. However, if you pay for a service or item out of pocket and in full, you can ask us not to share that information with your health insurer. We are required to honor that request to the extent permitted by law.

*Health Care Operations:* We may use and disclose your PHI for health care operations, which permits Pediatric Associates to ensure that its patients receive high quality care. For example, we may use your PHI to evaluate and improve our services to patients, to prepare for inspections of our facility, or to educate our staff.

*Business Associates:* We may contract with certain outside persons or organizations to perform services on our behalf, such as auditing or legal services etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. Under such circumstances, we require these business associates and their subcontractors to appropriately safeguard the privacy of your information.

*Contacting You:* Pediatric Associates staff may use your address and telephone number to contact you to

- Cancel, reschedule, or remind you about an upcoming appointment
- Provide instructions about preparing for procedures
- Follow up on a past visit
- Notify you in the event of a breach of your PHI

If you are unavailable, or unless you instruct us otherwise, we may leave a message on your voice mail/answering machine or with a person who answers your telephone.

### **Other Uses and Disclosures**

We are permitted or required by law to make certain other uses and disclosures of your PHI without your written permission. Subject to conditions specified by law, we may release your PHI:

- For any purpose required by law;
- For public health and safety, such as required reporting of disease, injury, birth and death, and for required public health investigations;
- To certain government agencies if we suspect abuse or neglect, or if you believe that you are a victim of abuse, neglect, or domestic violence;
- To entities regulated by the Food and Drug Administration, if necessary to report adverse events, product defects, or to participate in product recalls;

- To a government oversight agency conducting audits, investigations, inspections, and related oversight functions, when required;
- To prevent a serious and imminent threat to a person or to the public in emergency situations;
- To comply with a court or administrative order, subpoena, or lawsuit discovery request;
- To law enforcement officials, including to identify or locate suspects, fugitives, witnesses, or victims of crime, or for other allowable purposes;
- To coroners, medical examiners, and/or funeral directors;
- If necessary, to arrange an organ or tissue donation from you or a transplant for you;
- To authorized federal officials for national security activities permitted by law, protection of government officials or foreign heads of state, or in relation to military and veterans activities if you are or were a member of the armed forces;

Except as outlined above, we will not use or disclose your PHI for any other purpose without your written permission via a signed form authorizing the particular use or disclosure. The form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke your authorization in writing, except to the extent that we have already relied on it. These situations can include:

- Sharing documentation regarding proof of immunization with your school or other child care facility;
- Using and disclosing PHI for marketing purposes;
- Selling your PHI;
- Sharing psychotherapy notes written and kept by your therapist, except for purposes related to treatment, payment, or hospital operations;
- Sharing other mental health information documented by a mental health provider;
- Sharing substance abuse (drug and alcohol) treatment information;
- Sharing HIV/AIDS testing, diagnosis, or treatment information;
- Sharing genetic information with certain non-healthcare providers.

## **YOUR PRIVACY RIGHTS**

You have the following rights concerning your PHI. If you would like to make sure of any of these rights, please contact Pediatric Associates' Practice Administrator at (570) 288-6543. You may need to send your request in writing.

### **Look At and Obtain a Copy of Your Records**

You have the right to access, inspect, and/or obtain copies of your medical records, billing records, and other records used by Pediatric Associates to make billing and treatment decisions about you, with certain exceptions. We may charge a reasonable fee for copying and mailing costs, as allowed by state law.

### **Request an Amendment to your PHI**

You have the right to request that PHI that Pediatric Associates maintains about you be amended or corrected. These request must be made in writing. We are not obligated to make all requested changes but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that even if we grant your request, we may not delete information already documented in your medical record.

### **Request an Accounting of Disclosures of your PHI**

You have the right to receive an accounting of certain disclosures we have made of your PHI, except for those made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include those disclosures made in the six years prior to the request for accounting. The first accounting in any 12-month period is free; a reasonable, cost-based fee will be charged for each subsequent accounting requested in the same 12-month period.

### **Request Restrictions on Use and Disclosure of Your PHI**

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request, unless otherwise described in this Notice, but will attempt to accommodate reasonable requests.

### **Request Restrictions on Disclosures to Health Plans**

You have the right to request a restriction on certain disclosures of PHI to your health plan. We are required to honor such requests for restrictions on when you or someone other than your health plan pays for the health care item(s) or service(s) in full.

### **Request Confidential Communications**

You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate all reasonable requests. Please use the Communication Authorization form for these requests.

### **Receive Breach Notification**

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

### **Receive a Copy of This Notice**

You have the right to receive a paper copy of this Notice.

### **Make a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint in writing with Pediatric Associates, 425 Tioga Avenue, Kingston, PA 18704. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. Making a complaint will in no way affect the quality of care that you receive from us.

### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, please contact our Practice Administrator at (570) 288-6543.