

## NOTICE OF PRIVACY PRACTICES OF PRIMARY CARE PEDIATRICS

This notice describes how medical information about your child/children will be used and disclosed, and how you can obtain access to this information.

If you have any questions about this notice, please contact **Jerome Boudreaux**.

### WHO WILL FOLLOW THIS NOTICE:

All Primary Care employees, staff, and other personnel  
Any Business Associates of the practice who may have access to your child's medical information during their routine work for the practice.

### MEDICAL INFORMATION PLEDGE:

We are required by law to: To keep private all medical information pertaining to your child, provide you this notice of our legal duties and privacy practices with respect to medical information about your child, and follow the terms of the notice currently in effect.

This notice will describe both how we may use and disclose medical information about your child and your rights regarding the use and disclosure of this medical information. It will also outline any obligations we have regarding the use and disclosure of any medical information.

### DEFINITIONS:

"MEDICAL INFORMATION" about your child/children includes: medical history, physical findings, test results, diagnoses, and treatments. It also includes medical information about your family that has relevance to your child's/children's healthcare. In addition to actual medical information, it may include social information about your family and lifestyle that is relevant to your child's/children's healthcare.

The term "THE PRACTICE" will refer to Primary Care Pediatrics and all its employees.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD:

The following categories describe different ways that we use and disclose medical information. We will try to explain within each category what we mean and possibly give an example. All the ways we are permitted to use your information will be described in one of the following categories.

- 1) For Treatment: Medical information concerning your child/children may be disclosed to doctors, nurses, medical assistants, lab technicians, medical students, and any other personnel of the Practice who are involved with the care of your child. In an as needed basis, we will disclose information to the front office personnel to coordinate needed services such as appointments, referrals, prescriptions, or outside lab work or x-rays. We may discuss health information with other doctors and their staff who are involved in the medical treatment of your child/children. Others outside the Practice such as your child's family members, clergy, etc. may receive information if it does not violate any legal document we have stating otherwise in the child's chart ( this includes parental divorce decrees and adoption papers.) These others must show they have direct activity in the child's care.
- 2) For Payment: Medical information will be disclosed so that treatment and services received at the Practice may be billed to and payment may be collected from you, and insurance company, or third party. We may also need to use medical information to obtain prior authorization for a treatment or service from an insurance company or third party.
- 3) For Healthcare Operation: We may use and disclose medical information about your child to maintain and operate our practice. These uses and disclosures are necessary to run the Practice on a day to day basis as well as to assure the overall quality of care your child receives. These activities include but are not limited to reviews of our treatments and services; reviews of our personnel; or reviews of our billing systems. We may also combine your medical information other patient's information to evaluate our quality of care and services and identify areas which may need improvements, adjustments, or deletions. In these cases, if possible all information which directly identifies your child will be removed.
- 4) Reminders: Medical information may be used to contact you as a reminder that your child has an

appointment at our office. It may also be used if we have to contact you to remind you about prescription pickup, form pickup, referrals, or any other item requested by you or a practitioner for your child.

- 5) **Treatment Alternatives:** We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.
- 6) **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- 7) **Individuals Involved in Your Child's Care or Payment of Your Child's Care:** We may disclose medical information about your child to a friend or family member who is clearly involved in your child's medical care. We may also give information to someone or some agency which is helping to pay for your child's healthcare.
- 8) **Research:** We do not routinely involve ourselves in research. Anyone preparing to conduct a research project will always be required to sign a pledge (a legal commitment) to honor the confidential nature of your child's medical information. We will also notify you about the research prior to its beginning.
- 9) **Business Associates:** There are some services provided by our office that are actually contracted out to other entities, such as our claims clearinghouse and our answering service. When these services are utilized, your child's medical information may be disclosed so that they can perform their jobs appropriately. We do require these agencies to sign and honor a Business Associates Agreement which requires them to appropriately safeguard your child's information.
- 10) **As Required by Law:** We will use and disclose medical information about your child when required to do so by federal, state, or local law.
- 11) **To Avoid A Serious Threat To Health or Safety:** We may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and /or safety or the health and /or safety of the public or another person. Any disclosure would only be to individuals who are able to help prevent the threat.

#### SPECIAL SITUATIONS

- 12) **Hospital Co-ordination:** We may use and disclose your child's medical information when coordinating services between our office and any agency based at one of the hospitals of which we are on staff or an agency working in relation to a hospital of which we are on staff. These activities include but are not limited to neonatal care; lactation consultants; universal metabolic testing agencies; organ, tissue, or cord blood donation; or any other such organization that may be utilized to better serve your child's medical needs.
- 13) **Military and Veterans:** If you are a member of the armed forces, we may release medical information about your child as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- 14) **Public Health Risks:** We may disclose medical information about your child for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or maybe at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse,

neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

15) Health Oversight Agencies: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

16) Lawsuits and Disputes: If you or your child is involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

17) Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if we are unable to obtain the person's agreement;
- About a death we believe may be the result of a crime;
- About criminal conduct at the Practice; and
- In emergency circumstances to report a crime; the location of a crime or victims; or to report the identity, description or location of the person who committed the crime.

18) Coroners, Medical Examiners and Funeral Directors: We may release medical information to these professionals in order for them to properly perform their job, for example, to identify a deceased person or determine the cause of death.

19) National Security, Intelligence Activities, Protective Services for Elective Officials and Foreign Dignitaries: We may release medical information about your child to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. These activities may include but are not limited to providing protection to the President, Foreign Heads of State, or other authorized persons conducting special investigations.

20) Inmates: If your child is an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about your child to the correctional institution or law enforcement official.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD:**

You have the following rights regarding medical information we maintain about your child:

1) Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records but does not include any notes made as a result of a confidential visit by an adolescent if :

- You have approved this confidential visit or
- The law otherwise protects the confidentiality of this visit.

To inspect and copy medical information that may be used to make a decisions about your child, you must submit your request in writing to the office manager listed on the last page of this notice. If you request a copy of the information, we charge a fee for the costs of copying, mailing, or any other supplies or time associated with your request.

We may deny your request to inspect or copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the

person who initially denied your request. The Practice will comply with the outcome of the review.

2) **Right to Amend:** If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Practice.

To request an amendment, your request must be made in writing and submitted to our privacy officer listed on the last page of this notice to be presented to our doctors. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or fails to provide a reason for the amendment. We may also deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is without question accurate and complete.

3) **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about your child. **EXCEPTION:** Disclosures to individuals made as a result of the activities describe in numbers 1-7 and number 9 in the section HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD are not tracked and therefore will not be included in the accounting provided to you.

To request this list, you must submit it in writing to the office manager. Your request must state a time period which may not be longer than six years. You must state in what form you would like the list and all efforts will be made to provide in that manner. The first list you request in a twelve month period, will be free. Additional lists may incur a fee for the time and supplies to withdraw or modify your request before any fees are incurred.

4) **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment, or health operations. You also have the right to request a limit on the medical payment for your child. For example, you could ask that we do not disclose information about a surgery your child had to a specific family member. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your child emergency treatment.

To request restrictions, you must make your request in writing to our privacy officer. In this request, you must state:

- What information you want limited;
- Whether you want to limit our use, disclosure, or both;
- To whom you want the limits to apply; and
- For how long the limits are in effect.

5) **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may request that we only contact you at work.

To request confidential communications, you must state it in writing to our office manager. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specifically state how and/or where you wish to be contacted.

6) **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Please submit your request to any front desk personnel.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice without prior notification. We reserve the right to make the changed or revised notice immediately effective for medical information we already have and that information which we will receive in the future about your child. We will make available a copy of the current notice at each practice site. The notice will always contain an effective date on the front page. In addition, a copy of the current notice will be clearly posted in each office and will be available for you inspection and review with each visit.

#### COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the Practice through the Privacy Officer(listed below) or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to the privacy officer. We want to hear if any violations have occurred so that we may better protect and serve your child's medical needs. You will not be penalized for filing a complaint.

#### OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission, you may revoke that permission, in writing, at any time. If you revoke your permission, you must understand that we are unable to take back any disclosures we have already made with your permission. We are required to retain all our records of the care that we provided to you.

#### PRIVACY OF FAMILY PHOTOS:

We appreciate receiving your family photos. Upon receipt, you are authorizing Primary Care Pediatrics to display them. **If you do not wish to have them displayed, please inform us when you send them.**

#### PRIVACY OFFICER:

Margaret Boudreaux: 763 Peachtree Parkway Suite 2  
Cumming, GA 30041  
Phone (678) 208-2050  
Fax(678)208-2051

#### BUSINESS MANAGER:

Jerome Boudreaux : address same as above

7/6/2010