

# SAMPLE FORM. DO NOT FILL OUT.



## Pediatric Endocrine Specialists

### 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 READ IT CAREFULLY.

#### **I. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

This Notice of Privacy Practices describes how Pediatric Endocrine Specialists of Georgia (PES-GA) may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future health or condition and related health care services.

#### **II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

For Treatment: We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures.

For Payment: We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. In addition, certain information may be released to a collection agency, if necessary, to collect payment from you.

For Health Care Operations: We may use and disclose information about you for the general operation of our business. For example, disclosure to accreditation organizations, auditors or other consultants.

We may disclose protected health information about you in connection with certain public health reporting activities. We may disclose such information to a public health authority authorized to collect or receive PHI. For example: State health departments, Center for Disease Control, or the Food and Drug Administration. We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect, domestic or elder abuse. Additionally we may disclose PHI to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

We may disclose PHI in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1)the health care system, 2)governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, 4)entities subject to civil rights laws for which health information is necessary for determining compliance. We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities. If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.

Worker's Compensation Programs: We may release our PHI to worker's compensation or similar programs.

Avoid Harm: PHI will be disclosed if necessary to prevent a serious threat to the health and safety of you or others.

Research Purposes: We may use or disclose certain PHI about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study.

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Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment. Please note that no medical information or personal health information will be left on a recorder, voice mail, text message, or discussed with anyone other than you unless given permission in writing.

Treatment Alternatives: We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations that are part of your "circle of care" such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family members. We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

### **III. ELECTRONIC MEDICAL RECORD**

This practice utilizes an Electronic Medical Record (EMR) system which provides numerous advantages to patient care, the quality and delivery of such care, reduced risk of medical error, and access to health information within and outside the practice setting. The practice, through use of the EMR, will abide by all HIPAA guidelines and policies relating to privacy and confidentiality of Electronic Medical Records, patient communication, and communication with third parties. To safeguard your protected health information the EMR provides privacy and confidentiality protections as follows:

Access: Restricted access to the EMR by medical staff and office personnel using a password protected system.

Use: Only authorized medical staff and office personnel may use the EMR for the purpose of storing and retrieving patient demographic data, medical history, examination, and treatment plans, and communication. The EMR provides for internal e-mail communications, scanning of documents, and faxing of documents to approved parties for the sake of conducting office medical and financial matters.

Communication: The EMR, and future software updates, may allow for direct restricted communication and interactivity with patients, and their families, from their personal computer at home or elsewhere. Safeguards are installed to prevent access to any other patient's EMR data.

### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask for restrictions on the uses and disclosures of your PHI beyond those imposed by law. We consider each request, but we are not required to accept it.

The Right to Choose How We Send PHI to You: You have the right to request that you receive communications containing your PHI from us by alternative means or locations, i.e. Email

The Right to See and Get Copies of Your PHI: Except under certain circumstances, you have the right to inspect and copy medical and billing records about you. We may charge you a fee for copying and mailing.

The Right to Get a List of the Disclosures We Have Made: You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

### **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with Dr. Paul Bernard, owner of PES-GA. You may also send a written complaint to the Sec. of the Dept of Health and Human Service at 200 Independence Ave, SW, Room 509F, HHH Bldg., Washington, DC 20201. This clinic will not take any retaliatory action against you for filing a complaint about our privacy practices.