

## Privacy Practice Notice

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

*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 individually identifiable health information. Please review this notice completely.*

### 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

We may use and disclose your individually identifiable health information (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 results to help us reach a diagnosis. We might use your IIHI in order to write a pharmacy when we order a prescription for you. Many people who work for our practice, including, but not limited to, our doctors and nurses – may use or disclose your IIHI to others who may assist in your care, such as your parents. Finally, we may also 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 may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. We also may use your 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, our practice 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 healthcare operations.

**4. Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member who is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter/caretaker bring their child to our office for treatment of a cold. In this example, the babysitter/caretaker may have access to this child's medical information.

**5. Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

**6. Additional Reasons for Disclosure.** We may use or disclose health information about you in providing you with appointment reminders, treatment alternatives or health-related benefits and services. We also may discuss such information in support of:

- **Public Health and Welfare** – To address matters of public interests as required or permitted by law (e.g. child abuse, neglect, notifying a person regarding potential exposure, risk of spreading or contracting a communicable disease, threats to public health and safety and national security).
- **Legal Proceedings** – In response to a court order or other lawful process.
- **Law Enforcement** – To federal, state, and local law enforcement officials.
- **Research** – We will obtain your written authorization to use your IIHI for research purposes and ensure protection of your privacy.
- **Health Oversight Activities** – Activities necessary for regulatory agencies to monitor government programs, compliances with civil rights, laws, licensure, inspection, audits, surveys and the healthcare system in general.

### Your Legal Rights

The federal privacy regulation gives you the right to make certain requests in writing, regarding health information about you. You may ask us to:

- Communicate with you in a particular matter or at a certain location. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- Restrict the way we use or disclose health information about you in connection with health operations, payment and treatment. We will consider, but may not agree to such requests. Your request must describe in a clear and concise fashion the information you wish restricted; whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

- Obtain a copy or inspect the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. Our practice may charge a reasonable fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request; however, you may request a review of our denial.
- Amend health information if you believe it is incorrect or incomplete. You must provide us with a reason, in writing, that supports your request for amendment. 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 IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect or copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- Provide a list of certain disclosures we have made about you. Use of your IIHI as part of routine patient care; payment or operations is not required to be documented. Records are not kept for more than six years. If you request such accounting more than once in a 12-month period, we may charge a reasonable fee.

*You may make any of the requests described above or may request a paper copy of this notice by contacting the Privacy Officer at Preferred Pediatrics (see below).*

*You may have the right to file a complaint in writing, if you believe your privacy rights have been violated. You may file a complaint with our office (see below) or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.*

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 may be revoked at any time in writing. Please note that we are required to retain records of your care.

*The terms of this notice apply to all records containing your 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 affected for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.*

*Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.*

**Privacy Officer  
Preferred Pediatrics  
10600 Spotsylvania Ave  
Fredericksburg, VA 22408  
T: 540.604.9500**