



READING PEDIATRICS ASSOCIATES PC

NOTICE OF PRIVACY PRACTICES

READINGPEDIATRICS.ORG

781-944-2050

PRIVACY OFFICER: Joycelyn Skalberg

EMAIL ADDRESS: joycelyn.skalberg@readingpediatrics.org

**Your Information.
Your Rights.
Our Responsibilities.**

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

*"you" and "your" refers to patient, parent or guardian

**Your
Rights**

You have the right to:

- Get a copy of your medical record
- Correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**Your
Choices**

You have some choices in the way we use or share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

**Our Uses
and
Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Help with public health and safety issues
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See our "Notice of Privacy Practices" on website or at Front Desk

YOUR RIGHTS

You have certain rights related to your health information. This section explains your rights and some of our responsibilities to help you.

<p>Receive a copy of your medical record</p>	<ul style="list-style-type: none"> You can ask to see or receive a copy of your medical record and other health information we have. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home, office or cell phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> You can ask for a copy of this notice at any time. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your personal representative (parent or legal guardian), that person can exercise your rights and make choices about your health information. We will make sure that person has the authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on the cover page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOUR CHOICES

For certain health information, you make choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. We will follow your instructions according to law.

<p>In these cases, you have both the right and choice to tell us to</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care. • Share information in a disaster relief situation. <p>If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<p>In these cases we never share your information unless you give us written permission</p>	<ul style="list-style-type: none"> • Marketing purposes. • Most sharing of psychotherapy notes.
<p>In the case of fundraising</p>	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can decline to participate and ask us to not contact you again.

- You will be asked to sign an Authorization/Acknowledgement form to acknowledge your awareness of our Notice of Privacy Practices. You may revoke this form at anytime. If you choose not to sign or revoke the form, we cannot in any manner use or disclose your health information except to you. We may be forced to discontinue or decline you as a patient.
- You may request we fax your health information to an alternative communication, we may agree to do so, but only after having our Privacy Officer review your request. We must confirm the fax number is correct before sending the fax. We also must ensure the recipient has sole access to the fax machine. Please submit this request in writing.

OUR USES AND DISCLOSURES

How do we typically use or share your health information.

Treat you	<ul style="list-style-type: none"> We can use your health information and share it with other healthcare professionals who are treating you. Example: a doctor treating you for an injury, ask us about your overall health condition.
Run our organization	<ul style="list-style-type: none"> We can use your health information to run our practice, improve your care and contact you when necessary. Example: We use your health information to manage your treatment and services
Bill for our services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan for payment of services provided
<p>Other ways we can use or share your health information that contribute to the public good, such as public health and research. We will meet any conditions of the law before we will share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.</p>	
Help with public health and safety issues	<p>We can share health information about you for:</p> <ul style="list-style-type: none"> Preventing disease. Helping with product recalls. Reporting adverse reactions to medications. Reporting suspected abuse, neglect, or domestic violence. Preventing or reducing a serious threat to anyone's health or safety.
Do research	<ul style="list-style-type: none"> Health research.
Comply with the law	<ul style="list-style-type: none"> If state or federal laws require it, including sharing with the Department of Health and Human Services to determine if we are complying with federal privacy laws.
Respond to organ and tissue donation requests	<ul style="list-style-type: none"> Organ procurement organizations.
Work with medical examiner	<ul style="list-style-type: none"> Medical examiner.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> Workers' Compensation claims. Law enforcement purposes and law enforcement officials. Health oversight agencies for activities authorized by law. Special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> In response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website: Readingpediatrics.org.

If you have any questions regarding this document or privacy related topics, contact our Privacy Officer: Joycelyn Skalberg at 781-944-2050 or joycelyn.skalberg@readingpediatrics.org.