



Notice of Privacy Policies

This Notice of Privacy Policies is being provided to you as a requirement of Federal law: the Health Insurance Portability and Accountability Act (HIPAA) and includes changes and other additions caused by the Federal HITECH Act (2009) and Texas HB 300 (2012).

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.

Understanding Health Record Information

Each time that you visit Healthy Kids Pediatrics one of our providers makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of Healthy Kids Pediatrics, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. “Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice.
- You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request.
- You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.

- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy

of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires Healthy Kids Pediatrics to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

Your Rights under Texas House Bill 300 (effective September 1, 2012)

- As provided by the Texas Health and Safety Code, Section 181.102, as amended by HB 300 (CONSUMER ACCESS TO ELECTRONIC HEALTH RECORDS): if we are using an electronic health records system that is capable of creating an electronic health record, then Healthy Kids Pediatrics must provide you with an electronic copy of such record.
- The record will be available no later than 15 business days after we receive a written request from you asking for your record. The record must be in electronic form unless you agree to accept the record in another form.
- We are not required to provide access to a person's protected health information if it is exempted from access, or to which access may be denied under 45 C.F.R Section 164.524 of the Code of Federal Regulations.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, A NOTICE OF SUCH CHANGE WILL BE POSTED ON OUR WEB-SITE

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. [How to Get More Information or to Report a Problem](#)

If you have questions, would like additional information, or if you wish to file a complaint you may contact Eileen Kranzberg, Practice Manager at 972-294-0808 x102 or hipaa@healthykidspediatrics.com/

If you believe your privacy rights have been violated, you can also file a complaint with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's HIPAA Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Region VI - Dallas (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Ralph Rouse, Regional Manager Office for Civil Rights

U.S. Department of Health and Human Services 1301 Young Street, Suite 1169

Dallas, TX 75202

Voice Phone (214)767-4056

FAX (214)767-0432

TDD (214)767-8940

Web: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Examples of Disclosures for Treatment, Payment, and Health Care Operations

• *If you give us consent, we will use your health information for treatment.* Example: A physician, a technician, optician or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions that they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other health care professionals, or a subsequent health care provider a copy of your records to assist them in treating you once we are no longer treating you. We may also disclose your health information to a laboratory to order tests. We may also disclose your health care information to a hospital, surgical care center or other medical care center to schedule and perform surgery.

• *If you give us consent, we will use your health information for payment.* Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

• *If you give us consent, we will use your health information for health care operations.*

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

Uses and Disclosures of Protected Health Information Permitted Without Authorization or Opportunity for the Individual to Object:

• *Business Associates:* We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

• *Notification:* We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition.

• *Communication with family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.

• *Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

• *To Report Abuse, Neglect, or Domestic Violence:* We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure. *Marketing/continuity of care:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

• *Food and Drug Administration ("FDA"):* We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

• *Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

• *Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

• *Correctional institution:* If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

• *Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, including physical injury reporting (as required by law), reporting criminal conduct that occurred on the premises of Healthy Kids Pediatrics and in an emergency to report a crime.

• *Judicial or Administrative Proceedings:* We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal if we have received satisfactory assurances that you have been notified of the request or that an effort has been

made to secure a protective order.

- *Health oversight agencies and public health authorities:* If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- *The Federal Department of Health and Human Services (“DHHS”):* Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

eClinicalWorks P2P Communication Network

Healthy Kids Pediatrics is a participant in the eClinicalWorks secure Provider-to-Provider (P2P) communication network. P2P differs from an eHX in that P2P is point-to-point or provider-to-provider for continuity of care. Similar to faxing a referral, eClinicalWorks P2P requires no patient consent, and P2P performs these tasks electronically. All information that is sent to another provider is retrieved through a secure portal within eClinicalWorks. eHX is the longitudinal view of the patient record, and patient consent is required within eHX. P2P cannot be used to send patient information to Health Information Exchange (HIE). However, development is in process that will allow a future version of eClinicalworks P2P to send patient information to HIE.

eClinicalWorks P2P assists Healthy Kids Pediatrics in satisfying the Meaningful Use Core Objective 170.304 (i):

170.304 (i) : Exchanging Clinical Information Electronically Between Providers

Stage 1 Objective Providers must be able to exchange key clinical information (such as Problem Lists, medication lists, medication allergies, and diagnostic test results) electronically with other providers.

Stage 1 Measure Providers must perform at least one test with another provider in a separate office using a certified HER. If the test is not successful, it must be repeated, This objective is reported to CMS through self-attestation, including details of the practice with which the practice was performed.

CONFIDENTIAL HEALTH INFORMATION THAT MAY BE SHARED:

Confidential health information that may be shared includes:

- Current diagnosis (the name of disease or problem).
- Results of lab test, x-rays and other test.
- Drugs that have been prescribed, including initial prescription and medication refill history.
- List of allergies.
- A list of current treating providers
- Demographic information including name, social security number, address, telephone number, etc.
- Other identifying information such as gender, ethnic group and age.

Information that will not be shared through P2P without additional authorization:

- Mental health
- Drug, alcohol and substance abuse
- HIV/AIDS tests or treatments
- Certain genetic testing.
- Testing or treatment for sexually transmitted diseases

RISK THAT OTHERS MIGHT SEE MY CONFIDENTIAL INFORMATION

Healthy Kids Pediatrics takes reasonable precautions, including entering into Business Associate Agreements with all of its members and participants and connected health information exchanges that will restrict the use of personal health information to permitted uses under HIPAA and other federal and state regulations related to the security and privacy of such information.

PATIENTS RIGHTS - OPTING OUT

As a patient, you may choose to opt-out of the option of sending patient information through the P2P Communication Network. If a patient opts-out, their ability to get health care, payment, enrollment or eligibility for benefits will not be affected.

There are disadvantages if a patient chooses to opt-out of the P2P Communication Network, specifically in getting important information to providers for effective and safe treatment especially in an emergency situation in a timely manner. The other option would be by faxing which can be lost or compromised at the office or facility to which it is sent.

If a patient chooses to opt-out they may do so in the following ways:

- a. Patient completes opt-out form at provider site. The form must be signed by the patient, or the patient's legally authorized

representative, and the provider (or his designee) as a witness.

- b. Patients may opt-out electronically using a form found on the Healthy Kids Pediatrics website that can be faxed or submitted electronically to a secure vault for retrieval by a staff member.

Effective date: January 2010

Last Modified: September 1, 2012

Contact Information:

Eileen Kranzberg, MAOM, CPM

Security Officer

Healthy Kids Pediatrics

4851 Legacy Dr. Suite 301

Frisco, TX 75034

(972) 294-0808 x102

hipaa@healthykidspediatrics.com