

**PEDIATRIC PARTNERS, P.A.**  
7301 West 133<sup>rd</sup> Street, Suite 102 Overland Park, KS 66213

**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE SEPTEMBER 23, 2013**

**1. PRIVACY COMMITMENT**

Pediatric Partners, P.A. is committed to maintaining the confidentiality, integrity and security of your child's personal health information (PHI) which you have entrusted to us. This notice explains how we protect and use this information to ensure complete compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**2. PRIVACY PRINCIPALS**

- We will use and disclose PHI for the purposes of treatment, payment, health care operations, and other uses as summarized in this notice.
- We will adhere to the strict standards of security and confidentiality at all times.
- We do not sell patient name and address information.
- We require all our outside vendors working on our behalf to maintain the same level of protection and confidentiality.
- The same privacy practices apply to both current and former patients.

**3. THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR CHILD'S PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED.**

**° USES OF PERSONAL HEALTH INFORMATION**

*To Provide Treatment* - Medical personnel must obtain information and place it in your child's health record to assist the physician with your child's treatment. If, during the course of medical treatment, your physician determines it is necessary to consult with another specialist, it is necessary to share PHI with the other physician.

*To Obtain Payment* - After we have submitted a request for payment, your health insurance company may request information regarding the medical care given to make a determination regarding your benefits.

*To Conduct Health Care Operations* - We may use and disclose health information for our own operations in order to facilitate how we run our office and as necessary to provide quality care to all of our patients. Health care operations include activities such as: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment; professional review and performance evaluations; training programs including those in which students, trainees or practitioners in health care learn under supervision; training of non-health care professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; business planning and development including cost management and planning-related analyses and formulary development; and business management and Pediatric Partners general administrative activities.

**° OTHER DISCLOSURES AND USES**

*To Report Abuse, Neglect or Domestic Violence* - We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

*For Appointment Reminders* - We may use and disclose your health information to contact you as a reminder that you have an appointment for your child's treatment or medical care with us.

*Correctional Institutions* - If your child is an inmate of a correction institution, we may disclose the child's PHI to the institution or its agents where it is necessary for the child's health and the health and safety of other individuals.

*Electronic Disclosure* - We may disclose or communicate PHI via email and/or other electronic means.

*Food and Drug Administration (FDA)* - We may disclose PHI to the FDA where the PHI relates to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

*Health Oversight* - Federal law allows us to release PHI to appropriate health oversight agencies or for health oversight activities. To avert serious threat to the health or safety of our patients, we may disclose PHI consistent with applicable law, and to prevent or lessen a serious, imminent threat to the health or safety of a person or the general public.

*Judicial and Administrative Proceedings* - We may disclose PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

*Law Enforcement Purposes* - We may disclose PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

*When Legally Required* - We will disclose your PHI when we are required to do so by any Federal, State or local law.

*Public Health* - We may disclose your PHI for the following public activities and purposes: to prevent or control disease, injury or disability; to report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions; to report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the FDA; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; to an employer about an individual who is a member of the workforce as legally required.

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

*Specialized Government Functions* - We may disclose PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

*Treatment Alternatives* - We may use and disclose your PHI to tell you about or recommend possible treatment options, alternatives or different medical care with us.

*Workers Compensation* - If you are seeking compensation through Workers Compensation for a work-related injury, we may disclose PHI to the extent necessary to comply with laws relating to your claim.

*Other Uses* - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization, and you may revoke the authorization as previously provided.

#### ° **AUTHORIZATION TO USE OR TO DISCLOSE HEALTH INFORMATION**

Other than as stated above, we will not disclose your health information other than with your written authorization. If you authorize us to use or disclose your PHI, you will need to do so in writing. You may revoke any authorization in writing at any time.

#### **4. OUR RESPONSIBILITIES.** Pediatric Partners, P.A. is required to:

- maintain the privacy of your health information as required by law;
- provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- abide by the terms of this Notice;
- notify you if we cannot accommodate a requested restriction or request; and,
- accommodate your reasonable requests regarding methods to communicate health information with you.
- notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI
- we will not sell your PHI or use your information for marketing

#### **5. SECURITY MEASURES.** Pediatric Partners, P.A. restricts access to PHI to those employees who require the information in the course of their job responsibilities.

#### **6. YOUR HEALTH INFORMATION RIGHTS.** The health and billing records we maintain are the physical property of Pediatric Partners, P.A. The information in it, however, belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your health information by delivering a completed written request form to our office. We are not required to grant the request, but will notify you in writing of either acceptance or refusal. If granted, we will comply until notified otherwise;
- obtain a paper copy of the Privacy Practices for PHI by making a request at our office;
- request that you be allowed to inspect and copy your health and billing records. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request. The State of Kansas allows us to charge you a fee for copying charges;
- appeal a denial of access to your PHI except in certain circumstances;
- request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request;
- file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your PHI;
- obtain an accounting of disclosures of your PHI (electronically if requested) as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care; and,
- revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken, by delivering written revocation instructions to our office.
- request we not contact you for fundraising efforts

You have the right to review this notice before signing the consent authorizing use and disclosure of your PHI for treatment, payment, health care operations, and the other uses included in this notice.

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Office Manager (913) 888-4567, 7301 W. 133<sup>rd</sup> Street, Suite 102, Overland Park, Kansas 66213 or by email: [www.office@doc4kidz.com](mailto:www.office@doc4kidz.com)

You may also file a complaint with the Secretary of Health and Human Services at Department of Health and Human Services, Office of the Secretary, 200 Independence Ave. SW, Washington, D.C. 20201 or via their website at: [www.hhs.gov/orc/privacy/hipaa/complaints/](http://www.hhs.gov/orc/privacy/hipaa/complaints/)

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from Pediatric Partners, P.A.

We cannot and will not retaliate against you for filing a complaint with the Secretary.

#### **7. CHANGES TO THIS NOTICE.** We reserve the right to change the terms of this notice at any time. We reserve the right to make the new notice provisions effective for all PHI we currently maintain as well as any PHI we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our notice. We will post a copy of the current notice on our web site. Each version of the notice will list an effective date on the first page.

Our web site address is: [www.pediatricpartnerskc.com](http://www.pediatricpartnerskc.com)

This notice is a revision of the original notice dated March 17, 2003.