

# **PEDIATRIC ASSOCIATES OF RICHMOND, INC.**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, YOUR CHILD OR CHILDREN MAY BE USED AND DISCLOSED AND HOW YOU, YOUR CHILD OR CHILDREN CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Since Pediatric Associates of Richmond, Inc. treats mostly minors it is understood that unless a child is of legal age, has been emancipated by law or is otherwise authorized by law to consent to Medical or Surgical treatment, either a parent or legal guardian will assume the rights and responsibilities of the patient when it comes to protection and access to PHI.**

If you have any questions about this Notice, please contact our Privacy Officer at (804) 282-4205 or write to Privacy Office, Pediatric Associates of Richmond, Inc., 7113 Three Chopt Road, Suite 101, Richmond, VA 23226

### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes health information practices at Pediatric Associates of Richmond, Inc. (“Pediatric Associates”), including those of:

Any health care professional permitted to provide your child or children with health services or enter information into your child or children’s medical record(s);

All office locations of Pediatric Associates; and

All employees, staff and other personnel of Pediatric Associates.

Medical students that rotate through our office.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about your child or children and their health is personal. We are committed to protecting medical information about your child or children. We create a record of the care and services your child or children receive at Pediatric Associates. We need this record to provide your child or children with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your child or children’s care generated by Pediatric Associates, whether made by Pediatric Associates’ personnel or your pediatrician, and whether made in writing or on the computer.

This Notice will tell you about the ways in which we may use and disclose medical information about your child or children. We also describe your child or children's rights and certain obligations we have regarding the use and disclosure of medical information. Federal law requires that we: Make sure that medical information that identifies your child or children is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about your child or children; follow the terms of the notice that is currently in effect.

## **WRITTEN ACKNOWLEDGEMENT**

A parent or legal guardian will be asked to sign a written statement or acknowledgement that he or she has received a copy of this Notice.

## **CHANGES TO THIS NOTICE**

We may change our policies and this Notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will post a copy of the current notice at Pediatric Associates. The notice will contain the effective date and the date of each revision. Upon your request, we will provide you with any revised Notice of Privacy Practice.

## **ROUTINE OR COMMON USES AND DISCLOSURES OF MEDICAL INFORMATION ABOUT YOUR CHILD/CHILDREN.**

The following categories describe different ways that we frequently use and disclose medical information. All of the ways we are permitted to use and disclose information will fall within one of the listed categories. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every specific use or disclosure in a category will be listed, but we attempt to describe, in general terms, the types of uses and disclosures that fall within each category.

**For Treatment:** We may use medical information about your child or children to provide medical treatment or services. We may disclose medical information about your child or children to doctors, nurses, technicians, laboratories, medical students, and clerical staff both inside and outside of Pediatric Associates who are involved in taking care of your child or children. For example, if a child has allergies, a doctor treating him or her may need to talk with an allergist about the condition to arrange for appropriate testing and/or treatment.

**For Payment:** We may use and disclose medical information about your child or children so that the treatment and services your child or children received at Pediatric Associates may be billed to, and payment may be collected from you, an insurance company or other third party. For example, we may need to disclose information about medical or surgical care your child or children received at Pediatric Associates so that your health plan will pay us or reimburse you for the medical or surgical care. We may also tell your health plan about a treatment or diagnostic test your child or children are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose medical information about your child or children for Pediatric Associates' health care operations. These uses and disclosures are necessary to run Pediatric Associates and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for your child or children. We may also combine medical information about many Pediatric Associates' patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Pediatric Associates' personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

**Business Associates:** We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operations/functions that may involve the use and disclosure of some of your child or children's health information. For example, we may use a billing service to handle some billing and payments functions. We may also use health care consultants to assist us in improving or upgrading services we offer to patients. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operations/functions. However, in any such instance, unless the disclosure of health information is to another health care

provider for the purpose of providing treatment to your child or children, we will have entered into a formal Agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.

**Research:** We may use and disclose your child or children's medical information to researchers when their research has been approved by an Institutional Review Board or Privacy Board as required by federal and state law.

**Individuals Involved in Your Child or Children's Care or Payment for That Care:** Unless you object, we may release medical information about your child or children to a friend, baby-sitter, nanny or family member who is involved in their medical care. We may also give information to someone who helps pay for your child or children's care. In addition, we may disclose medical information about your child or children to an entity assisting in a disaster relief effort so that your family can be notified about their condition, status and location.

**Appointment Reminders:** We may use and disclose medical information to contact you by mail or telephone or other technologies as they become available to remind you of a child's appointment for treatment or medical care at Pediatric Associates. Our message will include the name of our practice as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.

**School, Daycare, Camp:** We may use and disclose medical information that is required for your child or children to attend school, daycare or camp. Some organizations require completion of specific forms while others request written prescriptions, notes or copies of the medical records. If we mail or fax this information rather than providing it directly to a parent or legal guardian, an additional consent form will have to be signed.

**Health-Related Benefits and Services/Treatment Alternatives:** We may use and disclose medical information to tell you about or to recommend possible treatment options or alternatives for your child or children that may be of interest to you. For example, we may contact a home health agency to arrange nebulizer treatments for an asthmatic child.

**Health Oversight Activities:** We may use and disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**As Required By Law:** We will disclose medical information about your child or children when required to do so by federal, state or local law.

## **SPECIAL SITUATIONS**

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about your child or children when necessary to prevent a serious threat to a child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat and may be required or permitted by Virginia and/or federal law.

**Workers' Compensation:** Where permitted by state law, we may release medical information about your child or children for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities:** We may disclose your child or children's medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We

may also disclose your child or children's medical information, if directed by the public health authority to any other government agency that is collaborating with the public health authority.

**For Communicable Disease Exposure:** We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Lawsuits and Disputes:** If your child or children are involved in a lawsuit or a dispute, we may disclose medical information about your child or children in response to a court or administrative order. We may also disclose medical information about your child or children in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information requested.

**Lawsuits and Disputes:** If your child or children are involved in a lawsuit or a dispute, we may disclose medical information about your child or children in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information requested.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official; in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at Pediatric Associates; and in emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Organ and Tissue Donation:** If a child is a possible organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to allow them to carry out their duties and responsibilities.

**National Security and Intelligence Activities:** We may release medical information about your child or children to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about your child or children to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:** If your child or children are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about your child or children to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide your child or children with health care; (2) to protect your child's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Use or disclosures of psychotherapy notes will not be made without your authorization except as required or allowed by law. Before we use, disclose or sell your or your child or children's protected health information for any reason other than those reasons described in the "**Routine and Common Uses and**

**Disclosures**” and **“Special Situations”** sections above, we will need to get your written authorization. You may revoke that authority, in writing, at any time.

## **YOUR (AND YOUR CHILD OR CHILDREN’S) RIGHTS REGARDING MEDICAL INFORMATION ABOUT THEM**

Your child or children have the following rights regarding medical information we maintain:

**You have the right to inspect or to obtain copies of medical information** that may be used to make decisions about your child or children's care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect or obtain copies of medical information that may be used to make decisions about you, you must submit your request in writing to Pediatric Associates at 7113 Three Chopt Road, Suite 101, Richmond, VA 23226, ATT: Medical Records. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other expenses associated with your request. If we keep your child or children’s medical information in an Electronic Health Record and you or your legally authorized representative request copies in an electronic form, we will provide such copies in an electronic form if readily producible; otherwise, such copies will be provided in a readable hard copy form.

We may deny your request to inspect and copy in certain very limited circumstances. You may submit a written request to have this decision reviewed.

**Right to Amend:** If you feel that medical information we have about you, your child or children is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Pediatric Associates. You must submit your request in writing and provide your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

**You have the right to request an “accounting of disclosures.”** This is a list of the disclosures we made of medical information about your child or children for purposes other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Pediatric Associates and your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**You have the right to request a restriction or limitation on the medical information** we use and disclose about your child or children for treatment, payment or health care operations. You may also request that any part of your child or children’s medical information not be disclosed to family members or friends who may be involved in their care. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

***We are not required to agree to your request*** except for certain disclosures when you have paid for service out-of-pocket in full. If we agree to the requested restriction, we may not use or disclose our medical information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restrictions you wish to request with your child or children’s physician. Please request all restrictions in writing to our Privacy Officer.

**You have the right to request that we accommodate you in communicating confidential medical information in a certain way or at a certain location.** We will accommodate what we consider to be reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled or other information necessary to honor your request. Please request all restrictions in writing to our Privacy Officer.

**You have the right to request that a health plan not be informed of treatment which is paid for out-of-pocket in full by you** and Pediatric Associates will comply with such request.

**You have the right to request a paper copy of this Notice.** If you would like a paper copy of this Notice, please request one from our Privacy Officer or request one when you are in our office.

**You have the right to be notified in the event of a breach of your protected health information.** In the event of a breach of your protected health information, Pediatric Associates will notify you as required by law.

In addition, to the extent we provide any communications for fundraising purposes you have the right to opt out of receiving such communications.

### **COMPLAINTS**

If you believe your child or children's privacy rights have been violated, you you may file a complaint with Pediatric Associates or with the Secretary of the Department of Health and Human Services. To file a complaint with Pediatric Associates, contact the Privacy Officer in writing at Pediatric Associates of Richmond, Inc., at 7113 Three Chopt Road, Suite 101, Richmond, VA 23226.

**Neither you, nor your child or children will be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice, or by state and federal laws that apply to us, will be made only with your written authorization. If you provide us with authority to use or disclose medical information about your child or children, you may revoke that authority, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about your child or children for the reasons covered by your written authorization. However, we are unable, and not required, to take back any disclosures we have already made in reliance upon your prior authorization.

### **EFFECTIVE DATE OF THIS NOTICE**

Effective Date: April 14, 2003

Revised Date: September 11, 2013