



## NOTICE OF PRIVACY PRACTICES FOR SPRINGVILLE PEDIATRICS

Effective Date: April 1, 2003

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

### **1) Understanding Your Health Record**

When you come to an office of **SPRINGVILLE PEDIATRICS, LLP** (henceforth referred to as "The Practice") for medical care or treatment, a record is made of your visit. This record typically contains your health history, symptoms, diagnosis, physical and lab results, correspondence from other medical providers, plans and treatments for further care. This information, called "Protected Health information" or "PHI," is private and confidential, and protecting its security is of the utmost importance to this medical practice.

### **2) Your Health Information Rights**

Your medical record is the physical property of this medical practice; however, the information in it belongs to you. You have the right to:

- Obtain a personal **copy** of this Notice of Privacy Practices (upon request)
- Request restrictions on certain uses and disclosures of your information (although we may not agree to such request)
- Receive confidential communications of your health information by alternate means or at alternative locations
- Inspect, copy and amend your health record (in accordance with office procedures and fees)
- Obtain an accounting of disclosures of your personal health information not covered below
- Revoke your specific authorization to use or disclose personal health information
- Provide authorization for any other uses of information not contained in this notice
- File a complaint

### **3) Our Responsibilities**

The Practice is required to:

- Maintain the privacy of your personal health information
- Provide you with a notice of our legal duties and privacy practices
- Abide by the terms of the current Notice of Privacy Practices
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests for alternative communications means
- Abide by the terms of the most current Notice of Privacy Practices

***We reserve the right to change our privacy practices and to make new provisions effective for all protected health information we maintain. Should our privacy practices change, you will be notified in a revised Notice of Privacy Practices posted and made available in all reception areas as of the effective date.***

#### **4) Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, described in Section 5 below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

- **Treatment:** Your health information will be recorded, used and shared by many caregivers in order to provide your medical care, coordinate your treatment services and monitor your health status.
- **Payment:** A bill may be sent to you or your insurance companies containing necessary information about your diagnosis, treatment, medications, supplies and referrals in order to obtain payments for services.
- **Practice Operations:** Staff will use your health information when scheduling tests and procedures. They will also remind you of scheduled visits, seek billing information, and give general reminders through phone calls, mailed letters and electronic mail. They may also contact you with information about treatment alternatives or other health-related benefits and services that you may be interested in receiving from us. Your health information may also be used in the course of insurance audits, quality assessments, provider activity analysis and business planning, all of which is kept confidential.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location, and general condition.
- **Reminders & Options:** Your information may be used or disclosed to: 1) inform or remind you of an appointment or necessary medical care, 2) present to you potential treatment options or alternatives, and 3) inform you of health-related benefits that may be of interest to you or your condition.
- **Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Legal Action:** We will disclose your information when required to do so by legal action, court order or government authority.
- **Deceased Patients:** We may disclose health information to a medical examiner or coroner, or to funeral directors, consistent with applicable law to carry out their duties.
- **Organ & Tissue Donation:** We may release health information to facilitate organ or tissue donation and transplantation if you are an organ donor.
- **Business Associates:** There are certain activities that The Practice contracts out for, using business associates. Examples include billing services, transcription, medical record storage and copying, legal and business consultants, insurance clearing houses, to name a few. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. In such instances, to protect your privacy, we require the business associates to safeguard your health information.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and 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, disability, abuse or neglect.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. In addition, an employee or business associate may release personal health information to an appropriate health oversight agency, public health authority or attorney, as allowed by Federal law, when they believe in good faith that the medical practice has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
- **Please Note:** *In all cases where your medical information is shared, only the minimum amount of information necessary to accomplish the allowed task will be used or disclosed.*

## **5) Uses and Disclosures Requiring Your Written Authorization**

For any purpose other than those described above in Section 4, we will need your written authorization before we can disclose your PHI. For example, your written authorization is necessary for the following purposes:

- Life Insurance Applications and Claims
- School or Camp Forms
- Requests from Lawyers involved in litigation
- Marketing Campaigns
- Disclosures of Highly Confidential Information

## **6) For More Information or to Report Problems**

If you have questions, would like more information, or feel you have had a violation of your privacy rights, please ask to speak to the office manager at the practice location. If your concerns about a possible privacy violation are not resolved to your satisfaction, you can file a formal complaint with The Practice Privacy Officer (address correspondence to: Privacy Officer, **25 EAST MAIN STREET, SPRINGVILLE, NY 14141**) or to the Secretary of Health and Human Services (U.S. Dept of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 20201).

***There will be no retaliation or change in your status at The Practice for filing a complaint.***

**SPRINGVILLE PEDIATRICS  
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