

**NOTICE OF PRIVACY PRACTICES**Effective Date: **June 16, 2013**

MARION PEDIATRICS, PA

Notice of Privacy Practices

As required by the privacy regulation created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.****A. Our Commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI). In conducting our business, we will create records regarding you and the treatment and services we provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at that time.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclosure your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to the records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revisions or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of our records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time:

**B. If you have any questions about this Notice, please contact:**

Privacy Officer (Kimberly Kosinski)  
 @ Marion Pediatrics  
 3105 SW 13<sup>th</sup> Street  
 Ocala, FL 34474  
 352-369-1001

**C. We may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which we may use and disclose PHI.

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have lab tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or assist others in treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as a spouse, children, and/or parent. Finally, we may also disclose your PHI to our health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that maybe responsible for such costs, such as family. Also, we may use your PHI to bill you directly for services and items. WE may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options and alternatives.
6. **Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment for a cold. In this example the babysitter may have access to the child's medical information.
8. **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public health risk.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury, or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problem with products or devices
  - Notifying individuals if a product or device that they may be using has been recalled
  - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic abuse); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose the information
  - Notifying employers and/or schools of limited circumstances related primarily to your surroundings regarding your illness or injury.
2. **Health oversight activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil laws and the health care system in general.
3. **Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena or other lawsuit process by another party involved in the dispute, but only if we have made in effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law enforcement.** We may release PHI if asked to do so by law enforcement official:
  1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  2. Concerning a death we believe has resulted from criminal conduct
  3. Regarding criminal conduct at our office
  4. In response to a warrant, summons, court order, subpoena or similar legal process
  5. To identify / locate a suspect, material witness, fugitive or missing person
  6. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Serious treats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health or safety or the health or safety to others and the public. Under these circumstances we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **National Security.** Our practice may disclose your PHI to federal officials in order to protect security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
8. **Worker's Compensation.** Our practice may release your PHI for worker's compensation and similar programs.

**E. Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must have a written request to Marion Pediatrics, PA Attention Privacy Officer Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474 or call (352) 369-1001, specifying the request method of contact or location where you wish to be contacted. Our practice will accommodate responsible requests. You do not need to give a reason for the request.
2. **Requesting Restrictions.** You have the right to request restrictions in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Marion Pediatrics, PA, Attention Privacy Officer, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474, (352) 369-1001. Your request should include and describe in clear fashion:
  - The information you wish restricted
  - Whether you are requesting to limit our practice's use, disclosure or both
  - To whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about you including patient medical records, billing records, but not including psychotherapy notes. You must submit your request in writtin to Marion Pediatrics, PA, Attention Privacy Officer, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474, (352) 369-1001 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to deny your request to inspect and/or copy in certain circumstances; however, you may request a review of a denial. Another licensed health care professional chosen by us to conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our office. To request an amendment, your request must be made in writing and submitted to Marion Pediatrics, PA, Attention Privacy Manager, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474, (352)369-1001. You must provide us with a reason that supports your request for amendment. Our practice will deny if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete, (b) not part of the PHI kept by our practice; (c) not part of the PHI which you would be permitted to inspect or copy; (d) not created by our practice, unless the individual or entity that information is not available to amend the information.
5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of our routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or our billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Marion Pediatrics, PA, Attention Privacy Officer, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474, (352) 369-1001. All requests for "accounting of disclosures" must state a time period, which may be no longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our practice may charge you if additional lists are requested within the same 12 month time period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practice. You may ask us to give you a copy of this notice at any time.
7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice contact Marion Pediatrics, Privacy Officer, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474 (352) 369-1001. All complaints must be submitted in writing. You will not be penalized for a filing a complaint.
8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorizations for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: We are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Marion Pediatrics, PA, Attention Privacy Manager, Kimberly Kosinski, 3105 SW 13<sup>th</sup> Street, Ocala, FL 34474, (352) 369-1001.