

Pediatric Associates of Alexandria Privacy Practices

Effective Date: November 1, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AT PEDIATRIC ASSOCIATES OF ALEXANDRIA (PAA) AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Pediatric Associates of Alexandria's Chief Privacy Officer by calling the Compliance Department at 703-924-2100.

Each time your child visits a hospital, physician, or other health care provider, a record of their visit is made. Typically, this record contains the child's symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This information is considered protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you, the parent with a notice regarding how your child's PHI may be used or disclosed and your rights concerning that information. This notice applies to all of the records of your child's care generated by and as part of the care furnished in one of Pediatric Associates of Alexandria facility, doctor's office or clinic.

Pediatric Associates of Alexandria Responsibilities

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised copy by accessing our website www.pedsalex.com, calling 703-924-2100 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. If any major change is made to this Notice, it will automatically be provided to you at the time of your next visit to a PAA facility. It will also be posted on our website at the time of the change.

Uses and Disclosures

How we may use and disclose Medical Information about your child.

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about your child to provide them treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of them at PAA. For example, we may provide a physician at one of PAA's facility locations with information regarding your child's prior treatment at a different PAA facility location. Different PAA departments also may share medical information about your child to coordinate the different things they may need, such as prescriptions, lab work, meals, and x-rays. We may disclose medical information about your child to people outside of PAA who provide services that are related to their care. We may also provide their physician or a subsequent health care provider with copies of various reports that should assist him or her in treating them.

Payment: Your child's PHI will be used, as needed, to obtain payment for health care services provided to your child. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for your child such as; making a determination of eligibility for coverage for insurance benefits, reviewing services provided to your child for medical necessity, and undertaking utilization review activities. For example, obtaining approval for an MRI may require that relevant protected health information be disclosed to the health plan to obtain approval for the MRI.

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Healthcare Operations: We may use or disclose your child's PHI in order to support the business activities of PAA. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund raising activities, and conducting or arranging for other business activities.

For example, we may disclose your child's PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your/your child's name. We may call your child by name in the waiting room when we are ready to assist you. We may use or disclose your child's PHI as necessary to contact you to remind you of your appointment.

We may use or disclose your child's PHI as necessary to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your child's PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about the services we offer or to send you information about products or services that we believe may be beneficial to you. These activities are not considered to be marketing under the HIPPA Privacy Rule.

Use of your child's PHI for activities that would be considered marketing or disclosures that would constitute the sale of PHI may not be made without a signed authorized from you.

We may combine the medical information we have with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer.

If you do not want to receive the materials described above, please contact our Chief Privacy Officer by calling our Compliance Department at 703 924-2100 and request that these marketing materials not be sent to you.

Business Associates: Some of the services provided by PAA are provided through contracts with business associates. Examples may include transcription services or outside billing services with which we may contract. When these services are contracted, we may disclose your child's health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard the information, PAA requires a Business Associate Agreements with each such entity. In addition, all business associates are subject to oversight by the Secretary of Health and Human Services (HHS) and must adhere to all requirements of the HIPPA Privacy and Security Rules.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our facilities are participating.

Health Information Data Exchange: We may make your child's protected health information available electronically through a secure information data exchange service to other health care providers that request their information. Participation in information exchange services also lets us see health care information about your child from other health care providers who participate in the exchange.

Single Covered Entity: For purposes of HIPPA only, all covered entities that are owned or controlled by PAA shall be considered to be a Single Covered Entity. PHI will be made available to personnel at other facilities included in this Single Covered Entity, as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Chief Privacy Officer for further information on the specific sites included in this affiliated covered entity.

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As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or legal authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensations agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners and medical directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes:

- In response to a court order, subpoena, warrant, summons or similar process;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a PAA facility; and
- About wounds made by certain weapons.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If Virginia Law is more stringent than Federal privacy laws, Virginia law preempts the Federal law.

Uses or disclosures of PHI not described in this notice will be made solely upon written authorization from you or your personal representative. Written authorizations may be revoked by contacting the department originally authorized to use/disclose the information.

Your Child's Health Information Rights:

Although your child's health record is the physical property of the health care practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You as parent/legal guardian have the right to inspect and copy medical information in our possession that may be used to make decisions about your child's care. As a rule, this includes medical and billing records, but does not include psychotherapy notes. You may request an electronic copy of your child's PHI maintained in PAA electronic health record (EHR). Access to your records must be provided within 15 days of the receipt of your request. We may deny your request to inspect and copy your child's records in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional not involved in the original denial of your request will be chosen by PAA to review your request and the denial. We will comply with the outcome of the review.
- **Request an Amendment of Your Child's Information:** If you feel that your child's medical information we have on file is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as PAA retains the information. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial and will be provided with your options as defined in the HIPAA Privacy Rule.

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- **Request an Accounting of Disclosures:** You have the right to request an accounting of any disclosures we make of your child's medical information for purposes other than treatment, payment or health care operations.
- **Right to Restrict Release of Information For Certain Services** You have the right to request a restriction on disclosure of health information about services you paid for out of pocket in full. This request should be made prior to the service being provided and applies only if the disclosure is to a health plan for purposes of payment or health care operations.
- **You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations.** You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your care or the payment for their care, like a family member or friend. For example, you could ask that we not disclose information about a surgical procedure. Restrictions should be requested in writing at the time you register for service.
- **With the exception of restrictions regarding services or procedures that you pay for out of pocket, we are not required to agree to your request.** Requests for restrictions or limitations on the medical information we use or disclose about your child for treatment, payment or health care operations must be forwarded to the Privacy Officer. Only the Privacy Officer or his/her designee can agree to such restrictions or limitations. If we do agree, we will comply with your request unless the information is needed to provide your child emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at a location other than your home or by U.S. Mail. Such request must be made in writing and must include a mailing address where bills for services and related correspondence regarding payment for services will be received. It is important that you note that PAA reserves the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **Breach Notification:** You have a right to be notified following a breach of your child's unsecured PHI.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive this notice electronically.

You may obtain a copy of this notice at our website www.pedsalex.com.

To exercise any of your rights under this notice, please obtain the required forms from the Registration Department in the facility where you received your services and submit your request in writing. You may also access these forms at our website www.pedsalex.com.

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CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

The current notice will be posted in PAA facilities and will include the effective date. In addition, each time you register at PAA for treatment or health care services, we will provide access to the most recent version. You may always access the most recent version at our website www.pedsalex.com or may call 703-924-2100 and request that a copy of the most recent version is mailed to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with PAA by contacting the Compliance Department at 6355 Walker Lane Suite 401, Alexandria, Virginia 22192 Attention: Tiffany Johnson, Privacy Officer. You may file a complaint with the Secretary of the Department of Health and Human Services. Instructions for filing a complaint with the Secretary are found at www.hhs.gov/ocr/privacy.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint about PAA Privacy practices.**

OTHER USES OF MEDICAL INFORMATION

We are required to retain our records of the care that we provided to your child(ren). PAA will make other uses and disclosures of medical information not covered by this notice or the laws that apply to us only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If we receive written revocation of your permission, we will cease the use or disclose medical information you originally authorized. We would not be able to take back any disclosure we had already made with your permission.

PRIVACY OFFICER

Tiffany Johnson

Telephone Number: 703-924-2100

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I certify that I have been made aware of Pediatric Associates of Alexandria's Notice of Privacy Practices and that I have been given a copy to review.

This Notice describes the type of uses and disclosures of my child's protected health information that might occur during their treatment, to facilitate the payment of my child's bills or in the performance of Pediatric Associates of Alexandria's operations.

The Notice also describes my rights and Pediatric Associates of Alexandria's duties with respect to my child's protected health information.

I understand that copies of the Notice of Privacy Practices are available in the registration areas of each office location and on Pediatric Associates of Alexandria's web site at www.pedsalex.com. I may request that a copy be mailed to me by calling 703-924-2100.

Pediatric Associates of Alexandria reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by calling the above number and requesting a copy be mailed to me; by asking for a copy at the time of my next appointment or by accessing Pediatric Associates of Alexandria's website listed above to view the most current version.

Signature of Parent / Personal Representative

Date

Name of Parent / Personal Representative (print)

Relationship to Patient

Patient's Name (print)

Date of Birth