

COUNTRY KIDS PEDIATRICS
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This practice uses and discloses health information about your child for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that your child receives.

This notice describes our privacy practices. We may change our policies and this notice at any time and those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You may request a paper copy of this notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact our office.

1. TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

- A. **TREATMENT:** We are permitted to use and disclose your child's medical information to those involved in your child's treatment. For example, your child's care may require the involvement of a specialist. When we refer your child to that physician, we will share some or your child's medical information with that physician to facilitate the delivery of care.
- B. **PAYMENT:**
We are permitted to use and disclose your child's medical information to bill and collect payment for the services we provide to your child. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as description of the medical services provided to your child, that insurer or HMO needs to approve payment to us.
- C. **HEALTH CARE OPERATIONS:**
We are permitted to use and disclose your child's medical information for the purposes of health care operations, which are activities that support the practice and ensure that quality care is delivered. For example, we may engage in a professional to assist us in reviewing quality care issues.

2. DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION:

There are situations in which we are permitted to disclose or use your child's medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about your child. If you choose to sign an authorization to disclose any information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures of uses already made or that rely on that authorization.

A. PUBLIC HEALTH, ABUSE OR NEGLECT, AND HEALTH OVERSIGHT:

We may disclose your child's medical information for the public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose your child's medical information or report reactions to medications, problems with products, or to notify patients of recalls of products they may be using.

- i. Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect.

- ii. We may disclose your child's medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights.

B. LEGAL PROCEEDINGS AND LAW ENFORCEMENT:

We may disclose your child's medical information in the course of judicial or administrative proceedings in response to an order of the court (or administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

- i. If asked by law enforcement officials, we may disclose your child's medical information under limited circumstances. We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

3. YOUR RIGHTS UNDER FEDERAL LAW:

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

a. REQUESTED RESTRICTIONS:

You may request that we restrict or limit how your child's protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

b. RECEIVING CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS:

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, provide the contact/address information.

c. INSPECTION AND COPIES OF PROTECTED HEALTH INFORMATION:

You may inspect and/or copy information that is within the designated record set. Any such request must be made in writing to Country Kids Pediatrics. We will respond within 60 days of your request. We may refuse to allow an amendment.

d. AMENDMENT OF MEDICAL INFORMATION:

You may request an amendment of your child's medical information in the designated record set. Any such request must be made in writing to Country Kids Pediatrics. We will respond within 60 days of your request. We may refuse to allow an amendment.

e. ACCOUNTING OF CERTAIN DISCLOSURES:

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of the document. Your first accounting of disclosures (within a 12-month period) will be free. For additional requests within that period, we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

4. APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND OTHER BENEFITS:

We may contact you by telephone, mail or both to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

5. COMPLAINTS:

If you are concerned that your child's privacy rights have been violated, you may contact Country Kids Pediatrics. You may also send a written complaint with us or the government.

6. OUR PROMISE TO YOU:

We are required by law and regulation to protect the privacy of your child's medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

7. QUESTIONS AND CONTACT PERSON FOR REQUEST:

If you have any questions or want to make a request pursuant to the rights described above, please contact:

**COUNTRY KIDS PEDIATRICS
1815 10TH STREET
FLORESVILLE, TEXAS 78114
PHONE: (210) 251-0860
FAX: (210) 251-0866**

