

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. If you have any questions about this notice please contact our Office Manager.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your Private Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide 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 the time. We reserve the right to revise or amend this notice. Any revision or amendment to this notice will be effective for all of your records kept in this office. Our practice will post a copy of our current *Notice of Privacy Practices* in a visible location at all times and you may request a copy at any time.

B. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

1. Treatment - Our practice may use your PHI to treat you. For example, we may ask you to have laboratory 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, or 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 to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents (If listed on the *Privacy Consent for the Use and Disclosure of PHI* form).

2. Payment – Our practice may use and disclose your PHI in order to bill and collect payment for the 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 your 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 may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

3. Health Care Operations – Our practice may use and disclose your PHI to operate our business, as in evaluating the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders – Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. 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., when specified by you on the *Privacy Consent for the Use and Disclosure of PHI*.

6. 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.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

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 birth and death
- 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 a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities – Our practice may disclose your PHI to a health oversight agency for activities authorized by law. These activities can include investigation, inspection, audit, survey, licensure and disciplinary action; civil, administrative, and criminal procedures or actions; or other activities necessary to monitor government programs, compliance with civil rights 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 or administrative order, if you are involved in a lawsuit or

similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an 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 a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location of victim(s) or the description, identity or location of the perpetrator)

5. Serious Threats to Health or Safety – Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or 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. Inmates – Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

8. Workers' Compensation – Our practice may release your PHI for Workers' Comp and similar programs.

D. YOUR RIGHTS REGARDING YOUR PHI

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 complete a written request specifying the requested method of contact or the location where you wish to be contacted. You do not need to give a reason for your request. We will accommodate reasonable requests.

2. **Requesting Restrictions** – You have the right to request a restriction 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 for your care, such as family members and 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 the 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 the Office Manager or call the office for further information. Your request must describe in clear and concise fashion:

- (a) The information you wish restricted;
- (b) Whether you are requesting to limit our practice's use, disclosure or both; and
- (c) To whom you want the limits to apply.

3. **Inspection and Copies** – You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical and billing records, but not including psychotherapy notes. You must submit your request in writing to the Office Manager. Our office will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will 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 or for our practice. To request an amendment, your request must be made in writing and submitted to the Office Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request with supporting reason 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 or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures** – A list of non-routine disclosures will be maintained in your record. All of our patients have the right to request a copy of this list that accounts for disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. All requests for an "accounting of disclosures" must be made in writing and state a time period of not longer than 6 years from 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 for additional lists within the same 12-month period. Our practice will notify you of the cost 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 practices. To request your copy, please ask any staff member.

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. All complaints must be submitted in writing and presented to our Office Manager.

8. **Right to Provide an Authorization for Other Uses and Disclosures** – Our practice will obtain your written authorization for use 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 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 our Office Manager.

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NOTICE OF PRIVACY PRACTICES

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