

# **Neponset Valley Pediatrics**

## **NOTICE: PRIVACY PRACTICES**

Neponset Valley Pediatrics complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding the security and confidentiality of confidential patient medical information. The following is a summary of your rights regarding the privacy of your healthcare information.

### **“Protected Healthcare Information (PHI)”**

#### **RE: Patient medical record releases and disclosures**

#### **1. Uses and Disclosures of Protect Health Information**

- Your protected health information (PHI) may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing quality health care services to you.
- Your PHI may also be used and disclosed to pay your health care bills and to support the normal business operation of the physician’s practices which includes participation with government compliance activities to prevent fraud and abuse.
- You may at any time request a listing of our business associates and normal business activities which may require the disclosure of your PHI information
- We will make reasonable efforts to communicate your rights in a language you understand.
- We will only disclose information from someone other than the patient, if the patient has designated that individual as an authorized party to receive your PHI.
- In the event of an emergency, we may use and disclose your PHI. We will make all reasonable efforts to secure consent from you prior to treatment. However, if you are unable to provide consent, we will only disclose what is minimally necessary to ensure your safety and will notify you of the disclosed PHI when it is more appropriate.

#### **2. Treatment**

- We will use and disclose your PHI to other third parties, such as physicians, specialists, laboratory and hospital personnel in order to provide, manage and/or coordinate your health care and other related services.

#### **3. Payment**

- Your PHI will be used as needed, to obtain payment for your health care services. This may include your insurance company reviewing your medical record for medical necessity and utilization review activities before determining your eligibility for coverage.

- Your PHI may be disclosed by us an authorized to comply with worker's compensation laws and other similar legally-established programs.

#### **4. Healthcare and Business Operations**

- We may use or disclose your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, government compliance activities and internal clinical studies.
- We may use or disclose your protected health information, as necessary, to provide you with educational information about treatment alternatives, other health-related information

and/or information about our organization that we believe will be beneficial to you.

- You may contact our Privacy Officer if you do not wish to receive these materials.

#### **5. Federal, State and Local Law**

- We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

#### **6. Public Health**

- We may disclose your PHI to a public health authority as required by law for purposes of controlling disease, injury or disability.

#### **7. Communicable Diseases**

- We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

#### **8. Government Agencies**

- We may disclose PHI to a government health oversight agency which oversees the health care system, its government benefit and regulatory programs and/or civil right laws for activities authorized by law, such as: provider chart audits, investigations, and inspections.

#### **9. Abuse or Neglect**

- We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or adult abuse, neglect, or domestic violence.

## **10. Food and Drug Administration**

- We may disclose your PHI to a person or company required by the Food and Drug Administration (FDA) to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacement, or to conduct post marketing surveillance.

## **11. Law Enforcement**

- We may also disclose PHI so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:
  - ❖ Legal processes and otherwise required by law
  - ❖ Limited information requested for identification and location purposes
  - ❖ Pertaining to victims of a crime
  - ❖ Suspicion that death has occurred as a result of criminal conduct
  - ❖ In the event that a crime occurs on the premises of the practice or
  - ❖ Medical emergency and it is likely that a crime has occurred (not on the premises)

## **12. Legal Proceedings**

- We may disclose PHI in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) in certain conditions in response to a subpoena, discovery request or other lawful process.

## **13. Coroners, Funeral Directors, and Organ Donation**

- We may disclose PHI to a coroner, medical examiner, and/or funeral director for identification purposes, determining cause of death, for the coroner or medical examiner to perform other duties authorized by law and/or to disclose such information in reasonable anticipation of death.
- PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

## **14. Research**

- We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

## **15. Criminal**

- We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

## **16. Military Activity and National Security**

- We may disclose your PHI who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military services. We may also disclose PHI information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### **“Your Rights”**

1. You have the right to inspect, copy, amend and/or restrict use of your PHI.
2. Your physician is not required to agree to allow access, accept a request for an amendment or restriction that you may request, especially if the physician believes disclosure of PHI could put a patient in harm’s way. Reasons as to a request denial will be provided to you in writing.
3. If your physician agrees to a requested restriction, we may not use or disclose your PHI unless it is an emergency situation.
4. There may be a charge imposed on you for the copying of records as allowed by state law.
5. You may not copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
6. You have the right to request to receive confidential information from us by alternative means or at an alternative location.
7. You may receive an accounting of certain disclosures we have made, if any, of your PHI that occurred after April 14, 2003 for purposes other than treatment, payment or healthcare operations. It excludes disclosure we may have made to you, for a facility directory, to authorized family members or friends involved in your care, or for notification purposes. Please see our Privacy Officer for more details.
8. You have a right to receive a paper copy of this notice if this was sent to you via electronically.
9. We cannot be held responsible for maintaining confidentiality once your PHI has been released to you or an authorized party.
10. Complaints may be made to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer

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# Neponset Valley Pediatrics

## Patient Policies Document

### I. Health Information Portability and Accountability Act (HIPAA)

My signature below acknowledges I have received/read a copy of the practices Notice of Privacy Practices under HIPAA

\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian /patient                      Relation to patient                      Today's Date

### II. Permission to share Pharmacy and Medical Information

My signature below acknowledges that I grant permission for the practice to obtain and review all medication information from any other medical entity (physician, hospital and/or pharmacy)

\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian/patient                      Relation to patient                      Today's Date

### III. Financial Responsibility Statement

Your health insurance may not pay for the item(s) or service(s) that you or your child(ren) will be receiving today and/or at future visits to this practice. Health insurers do not necessarily pay for all of your health care cost, they only pay for covered items and services according to your specific plan. The fact that insurance may not pay for a particular item or service does not mean you should not receive it if your doctor recommends it. The following is a partial list of services that may not be covered by your insurer:

Non-covered vaccines	Forms/Copies	Co-Payments	Deductibles
Travel advice visits	Non –covered Labs	Co-Insurance	

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items and/or services, knowing that you may have to pay for them yourself. By signing below you agree to take the financial responsibility for the cost of all items and or services provided if you are not covered by your insurance. My signature below indicates that I accept financial responsibility for medical services not covered by my insurance plan.

\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian/patient                      Relationship to patient                      Today's Date

\_\_\_\_\_  
Printed name of Patient (child under 18)