

## HIPAA – Notice of Privacy Practices

### PEDIATRIC PSYCHOLOGICAL ASSOCIATES, PLLC

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

Pediatric psychological Associates (“PPA”) is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

This Notice describes how we may use or disclose your “protected health information” for various purposes. It also describes your rights to access and control your protected health information. “Protected health information” is information about you and your child that may identify you and relates to your past, present or future physical or mental health or condition and related health services. Please note that use of “you” throughout this notice is intended to relate both to you and your child.

PPA is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by your written request to our office.

#### **I. Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations.**

Your protected health information may be used and disclosed by PPA and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of this practice.

Following are examples of the types of uses and disclosures of your protected health care information that the practice is permitted to make:

- **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We may disclose your protected health information to another physician or health care provider (i.e., a specialist or laboratory) who, at the request of PPA, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- **Payment:** We will use your protected health information to obtain payment for your health care services. 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 you. These may include making a

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determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

- **Healthcare Operations:** We may use your protected health information in order to support the business activities of this practice. This may include, but is not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk, where you will be asked to sign your name, we may call you by name in the waiting room when you are ready to be seen, and we may use your protected health information to contact you to remind you of your appointment. We may share your protected health information with third party “business associates” that perform various services, i.e., billing for the practice.

### II. Uses and Disclosures that May be Made With Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization at any time, in writing, except to the extent that your physician or the practice has taken action in reliance on the use or disclosure indicated in the authorization.

I will also obtain an authorization from you before using or disclosing:

- PHI in a way that is not described in this Notice.
- PHI for marketing purposes.
- Psychotherapy notes not included in the patient’s chart.

### III. Uses and Disclosures with Neither Consent Nor Authorization

We may also use and disclose your protected health information in the following instances. In these instances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then PPA may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

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### IV. Disclosures That May Be Made Without Your Authorization or Opportunity To Object

We may use or disclose your protected health information in the following situations without your authorization:

- **Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but will be limited to the relevant requirements of the law.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority or oversight agency (e.g., Health and Human Services or a state department of health) that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- **Abuse or Neglect:** We may disclose your protected health information to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.
- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose protected health information for law enforcement purposes including national security and intelligence. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) requests for limited information for identification and location purposes, (3) requests pertaining to victims of a crime and (4) alerting law enforcement officials when (a) there is suspicion that death has occurred as a result of criminal conduct, (b) in the event that a crime occurs on the Practice's premises, or (c) a medical emergency exists (not on the Practice's premises) and it likely that a crime has occurred.
- **Research:** We may disclose your protected health information 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 protected health information.
- **Threatening Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, 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 protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your protected health information.

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### V. Patient's Rights Regarding Your Protected Health Information

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that PPA uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes kept outside of the patient’s chart; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceedings, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.
- You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. PPA is not required to agree to a restriction; we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with PPA.
- You have the right to restrict certain disclosures of PHI to a health plan when you have paid for your healthcare out-of-pocket for my services.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you to the basis for the request.
- You may have the right to have PPA amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have a right to be notified if: (a) there is a breach-a use or disclosure of your PHI in violation of the HIPAA Privacy Rule- involving your PHI; (b) that PHI has not been encrypted to government

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standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- You have the right to opt out of fundraising communications that I may send out.
- You have the right to obtain a paper copy of this notice from us, upon request.

### **VI. Making a Complaint**

You may complain 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 Dr. Kelly McGraw Browning, Owner of PPA and HIPAA compliance officer, of your complaint. We will not retaliate against you for filing a complaint.

### **VII. Effective Date, Restrictions and Changes to Privacy Policy**

This notice was published and becomes effective on September 1, 2013.

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I acknowledge that Pediatric Psychological Associates, PLLC has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed, as well as other rights I have regarding my protected health information.

I also understand that Pediatric Psychological Associates, PLLC has the right to change privacy practices. Revised documents will be provided to me and will be available at the front desk of PPA or can be printed from our website [www.helpingkidsreachhigher.com](http://www.helpingkidsreachhigher.com).

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Signature of Parent or Legal Guardian

Printed Name

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Date