

Alena Ashenberg M.D. Pediatrics

505 Nashua Road Suite 5

Dracut, MA 01826

978-957-4300

## **NOTICE OF PATIENT PRIVACY PRACTICES**

This notice describes how the Protected Health Information, PHI, of your child 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 Privacy Officer at 978-957-4300.*

Each time your child visits a healthcare provider, a record of his/her visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your child's care generated by your health care provider.

### Our Responsibilities

This practice is required by law to maintain the privacy of your child's health information, and to provide you with a description of our legal duties and privacy practices regarding your child's health information. The current Notice will be posted in the waiting room. The Notice will include the effective date. In addition, we will make our best effort to provide you with a copy of this notice that we request you acknowledge with your signature.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time. Changes to the Notice will apply to your child's medical information that we already maintain as well as new information received after the change occurs. If we change our Notice, it will be posted in the waiting room. You may also request that a revised Notice be sent to you in the mail, or you may ask for one at your next appointment. This Notice will also serve to advise you as to your rights with regard to your child's medical information.

### 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:

1. **For Treatment:** We may use medical information about your child to provide, coordinate and manage treatment or services. We may disclose medical information about your child to other doctors, nurses, technicians (e.g. clinical laboratories or imaging companies), medical students, or other personnel who are involved in his/her care. We may communicate this information either orally or in writing by mail or facsimile.

We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating your child. For example, your child's medical information may be provided to a physician to whom he/she has been referred so as to ensure that the physician has appropriate information regarding previous treatment and diagnosis.

2. **For Payment:** We may use and disclose medical information about your child's treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend.

3. **For Health Care Operations:** We may use or disclose, as needed, your child's health information in order to support our business activities. These activities may include, but are not limited to quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business activities. In addition, we may also call you and your child by name in the waiting room. We may call you to remind you of a pre-booked appointment and may leave that message on your answering machine.

4. **Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include software support, hardware support, electronic claims clearinghouse and PHO. When these services are contracted, we may disclose your child's health information to our business associate so that they can perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard your information through a written contract.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object.**

We also may use and disclose your child's health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then the clinician may, using professional judgment, determine whether the disclosure is in your child's best interest. In this case, only the information that is relevant to your child's health care will be disclosed.

Individuals Involved in Your Care or Payment for Your Care: Unless there is an objection, we may release medical information about a child to his/her parents/guardians.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your child's health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

1. As required by law. We may use and disclose health information to the following types of entities, including but not limited to :
  - Food and Drug Administration
  - Public Health or Legal Authorities charge with preventing or controlling disease, injury or disability
  - Correctional Institutions
  - Workers Compensation 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
  - Authority that receives reports on abuse and neglect

2. Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
3. State-Specific Requirements: Many states have requirements for reporting, including population-based activities relating to improving health or reducing health care costs.

### Your Health Information Rights

Although your child's health record is the physical property of this office, which compiled it, you have the right to:

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your child's care. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your child's medical information must be submitted to the office in writing. The practice will charge for copying medical records up to \$20 per clerical hour and 25 cents per page. You may also request that these records be given to you in an electronic format which we will supply upon request.

**Amend:** If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of our disclosures of medical information about your child except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. The practice will provide the first accounting to you in any 12-month period without charge. The cost for subsequent requests for an accounting within the 12-month period will be \$10.00. We ask that you submit these requests in writing.

### **Right To Receive Notifications of Data Breach:**

We are required to notify you upon a breach of any unsecured PHI. PHI is "unsecured" if it is not protected by a technology or methodology specified by the Secretary of the U.S. Department of Health and Human Services (the "Secretary"). The notice must be made within 60 days from when we become aware of the breach. The notice must include: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or misappropriated during the breach; (c) the steps you can take to protect your identity; (d) a description of our actions to investigate the breach and mitigate harm now and in the future; and (e) contact procedures (including a toll-free telephone number) for affected individuals to find additional information.

We must notify you in writing by first class mail (unless you have opted for electronic communications with us). However, if we have insufficient contact with you, an alternative notice method (posting on website, broadcast media, etc.) may be used. If a breach affects more than 500 individuals, we must immediately notify the privacy officer after which the Secretary will post our name on its internet website. Additionally, we may be required

to publish a notice in a prominent media outlet in each state or jurisdiction where more than 500 individuals' unsecured PHI has been breached. For breaches involving less than 500 individuals, we may maintain a log of such breaches to submit annually to the Secretary. Finally, we may give telephonic notice to you if we reasonably believe there is a possibility of imminent misuse of your unsecured PHI; however, such telephonic notice will not substitute for our written notice obligations.

**Request Restrictions:** 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. We ask that you submit these requests in writing.

We are not required to agree to your restriction request. If we do agree, we will comply with your request unless the information is needed to provide you with an emergency treatment.

When individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan.

**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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes or when individuals pay by cash you can instruct our office not to share information about their treatment with their health plan. We ask that you submit these requests in writing.

**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 are still entitled to a paper copy of this notice.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

#### **Complaints:**

If you believe your child's privacy have been violated, you may file a complaint with us by calling 978-957-4300 and asking for the Privacy Officer or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints must be also submitted in writing. You will not be penalized for filing a complaint.

#### **Other Uses of Medical Information:**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the medical information about your child for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided you.

Finally, no patient's PHI will ever be sold to any entity for any purpose.

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