

# Great 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 you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the person listed below.

### **Treatment, Payment, Health Care Operations**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment, including specialists, laboratories and pharmacies. For example, your care may require the involvement of a specialist. When we refer you to a specialist, we may share some or all of your medical information with that physician to facilitate the delivery of care. Additionally, we may disclose your medical information to others who may assist in your child's care, such as another parent(s), grandparents, siblings or caregivers.

#### **Payment**

We are permitted to use and disclose your medical information to bill and collect payment for the services provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us. We may also use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members, or to bill you directly for services. We may also disclose your information to other health care providers and entities to assist in their billing and collection efforts.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may participate in programs that require a review of this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice.

#### **Appointment Reminders and Confirmations, Test Results, and Treatment Alternatives**

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

#### **Release of Information to Family, Friends, and Caregivers**

Our practice may release your protected health information to a friend, family member, or caregiver that is involved in or assists in your care.

#### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your 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 you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for 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 medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your 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 laws.

### **Legal Proceedings and Law Enforcement**

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

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

1. Is released pursuant to legal process, such as a warrant or subpoena;
2. Pertains to a victim of crime and you are incapacitated;
3. Pertains to a person who has died under circumstances that may be related to criminal conduct;
4. Is about a victim of crime and we are unable to obtain the person's agreement;
5. Is released because of a crime that has occurred on these premises; or
6. Is released to locate a fugitive, missing person, or suspect.
7. We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Workers' Compensation**

We may disclose your medical information as required by the Texas workers' compensation law.

### **Inmates**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military

command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

### **Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

### **Required by Law**

We may release your medical information where the disclosure is required by law.

#### **Your Rights Under Federal Privacy Regulations**

The United States 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 a patient that exercises his/her HIPAA rights.

### **Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare 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.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to the address and person listed below.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

#### **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, the contact/address information.

#### **Inspection and Copies of Protected Health Information**

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed below.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

1. Includes psychotherapy notes.
2. Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.

3. Is subject to the Clinical Laboratory Improvements Amendments of 1988.
4. Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 business days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing. Our practice charges a fee for the costs of copying and mailing, in accordance with the guidelines established by the Texas State Board of

### **Medical Examiners.**

#### Amendment of Medical Information

You may request an amendment of your medical information if you believe it is incorrect or incomplete. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

Wasn't created by this practice or the physicians in this practice.

Is not part of the protected health information kept by or for the practice.

Is not available for inspection because of an appropriate denial.

If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

### **Accounting of Certain Disclosures**

The 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 listed below. 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.

#### Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services

HIPAA Complaint

7500 Security Blvd., C5-24-04

Baltimore, MD 21244

**Our Promise to You**

We are required by law and regulation to protect the privacy of your 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.

**Questions and Contact Person for Requests**

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

Privacy Officer  
Abel Paredes, MD PA  
915 Gessner suite 350  
Houston, Texas 77024  
(713) 932-6261

This notice is effective on the following date: April 14, 2003.

We may change our policies and this notice at any time and have 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.

Acknowledgement of Review of  
Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Parent or Guardian

Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient                      Date of Birth