

# PRIVACY NOTICE

## WESTSIDE PEDIATRIC GROUP, LLP

*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 Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of PHI, to provide you with and to abide by the terms of this Privacy Notice and make a good faith effort to obtain an acknowledgement of your receipt of this Notice. The new notice will be effective for all PHI that we maintain at that time. You may obtain a revised Privacy notice by visiting our website [www.westside-pediatrics.com](http://www.westside-pediatrics.com), or you may call the office at (585) 247-5400 to request a revised copy be sent to you in the mail, or ask for one at the time of your next appointment.

### **Permitted Uses and Disclosures of PHI:**

Your PHI may be used and disclosed by us for the purpose of providing health care services to you. Your PHI may also be used and disclosed by us to obtain payment of your health care bills and to support the operations of our practice. Following are examples types of uses and disclosures.

**Treatment.** We will use and disclose your PHI 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. For example, we would disclose your PHI to other physicians who may be treating you or referred to.

**Payment.** Your PHI will be used, as needed, 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, such as making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may

not be restricted. If we do agree with the requested restriction we may not use or disclose your PHI 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 your physician. You should request a restriction in writing to the Privacy Officer. However we must agree to your request to restrict disclosure of your PHI to a health plan if the disclosure is for the purpose of obtaining payment for your health care or other operations of your practice and is not otherwise required by law AND we have been paid in full for the treatment we provided related to the PHI you have asked us not to disclose.

**You have the right to have us amend your PHI:** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your requests for amendment, you have 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 the right to receive an accounting of certain disclosures we have made, if any of your PHI:** This right applies to disclosure for purposes other than treatment, payment, and healthcare operations as described in this Privacy Notice. It excludes disclosures we may have made to you, to family members or designated friends involved in your care, for notification purposes, disclosures you have specifically authorized or disclosures for national security or intelligence purposes to correctional institutions or law enforcement officials. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Breach Notification:** We must notify you if we learn that your PHI may have been subject to unauthorized acquisition, access, use or disclosure.

**Complaints:** If you believe we have violated your privacy, you may complain to us or the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer in writing of your complain. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process or any of the information obtained in this Notice, you may contact our privacy officer at (585) 247-5400.

**Avert a Threat to Health or Safety:** We may disclose your PHI if we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of Section 164.500 et.seq.

### **Your Rights**

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

**You have the right to inspect and copy your PHI:** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that we use for making treatment decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have right to appeal our decision to deny you access. Please contact our Privacy Office if you have any questions about access to your medical record.

**You have the right to revoke an authorization:** You may revoke any authorization you have given us, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request a restriction of your PHI:** This means you will ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except as otherwise provided, we are not required to agree to a restriction that may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will

require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use or disclose, as needed, your PHI to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conduction or arranging other business activities. For example – we may disclose your PHI to medical school students who see or assist in seeing patients at our office or in the hospital. We will share your PHI with third party “business associates” who various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI we will have a written contract that contains terms that will protect the privacy of your PHI. In addition, your name and address may be used to send you a newsletter about our practice and the services we offer.

**Uses and Disclosures of PHI Based on Your Written Authorization:** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, we may not sure or disclosure your PHI for marketing purposes nor may we sell your PHI without your written authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object:** We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI 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 PHI that directly related to that person’s involvement in your health care, **(this includes both parents, unless otherwise stated by court order)**. 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. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief

efforts for the purpose of coordinating uses and disclosure to family or other individuals involved in your health care to notify them of your location, general condition, or death. Unless court order obtained, sustain a certain parent, both parents will be you object, we may disclose to a member of your family.

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

**Required by 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.

**Public Health:** We may use or disclose your PHI to a public health authority that is permitted to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health.

**Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigation, and inspection. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information, as consistent with applicable state and federal laws.

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

**Legal Proceedings:** We may disclose PHI 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), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice’s premises) and it is likely that a crime has occurred.

**Research:** We may use and disclose your PHI to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or to perform other duties authorized by law. We may also disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Criminal Activity:** Consistent with applicable federal and state laws, 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 public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities (2) for the purpose of a determination by the Department of Veterans Affairs for your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI 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.

**Worker’s Compensation:** Your PHI may be disclosed by us as authorized to comply with workers’ compensation laws and other similar legally established programs. .

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