

PACIFIC PEDIATRICS MEDICAL GROUP
Notice of Privacy Practices

This notice describes how health information about you (as a patient of Pacific Pediatrics) may be used and disclosed, and how you can get access to your individually identifiable health information. Please review this notice carefully.

What is this notice and why it is important?

This notice is required by law to inform you of how your health information will be protected, how Pacific Pediatrics may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please call 415-565-6810 and ask to speak with the Privacy Officer.

Understanding your health information

Each time you visit our office, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnosis, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for our planning and marketing
- A tool for educating health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by Pacific Pediatrics:

- **Obtain a copy of this notice at your first visit after its publication.** Thereafter you may request a copy of this notice or any revisions from our front desk or by calling 415-565-6810 and asking for the privacy officer.
- **Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- **Access to your health information.** You may request a copy of your health information that Pacific Pediatrics keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.
- **Amend your health information.** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing.

- **Request confidential communication.** You may request that, when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
- **Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any emergency situation in order to treat your child. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat your child or collect payment for our services.
- **Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

Our responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this Notice about our privacy practices, and abide by the terms of this Notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice. The new Notice will be available at the front desk.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

Examples of disclosure for treatment, payment, and necessary business functions that we may use your health information are:

- To **facilitate your medical treatment.** Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations. Each member of your healthcare team in the office including nurses, receptionists, filers, insurance clerks or custodian of records will have access to such a record and they may record the actions they take and their observations as appropriate. We will also provide your physician, or other healthcare providers involved with your treatment with copies of various reports that should assist them in treating your child.
- To **collect payment for health care services that we provide.**
- To help us **educate medical staff, and students.**
- To **notify your family and friends about your condition.**
- To provide **appointment and miss-appointment reminder.**
- To the extent authorized by and necessary to comply with laws relating to **worker's compensation** or other similar programs established by law.
- To **public health**, legal authorities, or other healthcare agencies/registries charged with preventing or controlling disease, injury or disability.

- To **prevent a serious threat to your child’s health and safety** or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.
- To **law enforcement** as required by law or in response to a valid subpoena, or court or administrative order.
- To **Food and Drug Administration (FDA)** relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.
- To **Business Associates**: There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, a copy service when making copies of your health record, a computer practice management software company who provides us with support to our software as well as our electronic claims and billings, a collection company we use to collect money owed to us. When these services are provided by contracted business associates, we may disclose the appropriate portions so they can perform the job we have asked them to do. To protect your child’s health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.
- To **Military and Veterans department** if you are a member of the armed forces.
- To **regulatory oversight** such as public health authorities or attorneys when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Pacific Pediatrics has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For more information or to report a problem

If you have questions, would like additional information, or want to request an updated copy of this Notice, you may call 415-565-6810 and ask to speak to the Privacy Officer. If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may send a written complaint to:

United States Department of Health & Human Services
 Office of Civil Rights, Hubert H. Humphrey Building
 200 Independence Avenue S.W., Room 509
 Washington, DC 20201

Pacific Pediatrics will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.