

Notice of Privacy Practices

Preferred Pediatrics

88 Noble Ave.

Milford, Connecticut 06460

Phone: 203 874-2800

Privacy Officer and HIPAA Administrator: Diana Lopusny, M.D.

Effective Date: May 18, 2009

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide, and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer or HIPAA Administrator listed above.

A. How this Medical Practice May Use or Disclose Your Health Information

The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We may use medical information about you or your child to provide your or your child's medical care. We disclose medical information to our employees and others who are involved in providing the care you or your child needs. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you or your child, or a laboratory that performs a test. We also may disclose medical information about you or your child to people outside the office who may be involved in your or your child's medical care such as family members.
2. **Payment.** We may use and disclose medical information about you or your child to obtain payment for the services we provide. For example, we may give your or your child's health plan the information it requires before it will pay us.
3. **Health Care Operations.** We may use and disclose medical information about you or your child to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information to request that your or your child's health plan authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your or your child's information with other health care providers, a health care clearinghouse or health plans that have a relationship with you or your child when they request this information, to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of compliance, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. **Medical Health Forms.** We may complete medical health forms that you give us, fax us, or mail to us. These forms include but are not limited to school forms, day care forms, camp forms, and medication authorization forms. By giving us, mailing us, or faxing us a form you authorize us to return the form to you or to whomever you designate as the recipient.
5. **Business Associates.** We may share your or your child's medical information with our "business associates", such as our accountant who performs administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.
6. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about you or your child's appointments. If you are not home, we may leave this information with the person answering the phone or on your answering machine.
7. **Sign in sheet.** We may ask you to sign in when you arrive at our office. We may also call out your name when we are ready to see you or your child.

8. Notification and communication with family. We may disclose your or your child's health information to a family member or a close friend or other person you identify where relevant to that person's involvement in your or your child's care or payment for your or your child's care. We may disclose your or your child's health information to notify or assist in notifying a family member, your personal representative or another person responsible for your or your child's care about your or your child's location, your or your child's general condition or in the event of your or your child's death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your or your child's family and others.

9. Marketing. We may contact you to give you information about product or services related to your or your child's treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you or your child. We may also encourage you to purchase a product or service when we see you or your child. We will not use or disclose your or your child's medical information for marketing purposes without your written authorization.

10. Required by law. As required by law, we will use and disclose your or your child's health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

11. Public health. We may, and are sometimes required by law, to disclose your or your child's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

12. Health oversight activities. We may, and are sometimes required by law, to disclose, your or your child's health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.

13. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose, your or your child's health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you or your child in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

14. Law enforcement. We may, and are sometimes required by law, to disclose your or your child's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

15. Coroners, Medical Examiners, and Funeral Directors. We may, and are often required by law, to disclose your or your child's health information to coroners or medical examiners in connection with their investigations of deaths. We may also release information about patients to funeral directors as necessary to carry out their duties.

16. Organ or tissue donations. We may disclose your or your child's health information to organizations involved in procuring, banking, or transplanting organs and tissues.

17. To avert a serious threat to health or safety. We may, and are sometimes required by law, to disclose your or your child's health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

18. Specialized government functions. We may disclose your or your child's health information for military or national security purposes or to correctional institutions or law enforcement officers that have you or your child in their lawful custody.

19. Worker's compensation. We may disclose your or your child's health information as necessary to comply with worker's compensation laws. For example, to the extent your or your child's care is covered by workers' compensation, we will make periodic reports to your

or your child's employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

20. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your or your child's health information/record may be transferred to the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

21. Research. We may disclose you or your child's health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

22. Re-Disclosure. Once healthcare information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you or your child without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already done what you have authorized us to do.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your or your child's health information, by submitting a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision. To request restrictions, you must make your request in writing to our Privacy Officer or HIPAA Administrator. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

2. Right to Request Confidential Communications. You have the right to request that you receive your or your child's health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. To request confidential communications, you must make your request in writing to our Privacy Officer or HIPAA Administrator. We will not ask you for the reason for your request.

3. Right to Inspect and Copy. You have the right to inspect and copy your or your child's health information, with limited exceptions. To access your or your child's medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by Connecticut law. We may deny your request under 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. To inspect and or copy your or your child's medical information you must submit your request in writing to our Privacy Officer or HIPAA Administrator.

4. Right to Amend or Supplement. You have a right to request that we amend your or child's health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your or your child's health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. To request an amendment to your or your child's medical records your request must be made in writing and submitted to our Privacy Officer or HIPAA Administrator. You must provide a reason that supports your request.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 4 (Medical Health Forms), 7 (notification and communication with family) and 17 (certain government functions) of Section A of this Notice of Privacy

Practices or disclosures of data which exclude direct patient identifiers for purposes of research or public health or disclosures which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities and certain other disclosures. To request this accounting of disclosures, you must submit your request in writing to our Privacy Officer or HIPAA Administrator. Your request must state a time period, which may not be longer than six years and may not include dates before May 18, 2009. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. Right to Receive a Notice of Privacy Practices. You have a right to receive a paper copy of this Notice of Privacy Practices. You may ask us for a copy of this notice at any time.

D. Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information

Under Connecticut or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV-related testing and treatment. This information may not be disclosed without your or your child's specific written permission, except as may be specifically required or permitted by Connecticut or federal law. The following are examples of disclosures that may be made without your specific written permission:

Psychiatric information. We may disclose psychiatric information to a mental health program if needed for your or your child's diagnosis or treatment. We may also disclose very limited psychiatric information for payment purposes.

HIV-related information. We may disclose HIV-related information for purposes of treatment or payment.

Substance abuse treatment. We may disclose information obtained from a substance abuse program in an emergency.

E. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and provide you with a copy upon request.

F. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your or your child's health information should be directed to our Privacy Officer or HIPAA Administrator listed at the top of this Notice of Privacy Practices. To make a complaint about how this practice handles your or your child's health information we ask that you complete and submit a HIPAA COMPLAINT FORM available from our office.

In addition, you may also submit a written complaint to the Secretary of the Department of

Health and Human Services at:
Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

Preferred Pediatrics
88 Noble Ave
Milford, Connecticut 06460
Phone: 203 Fax: 203
Privacy Officer and HIPAA Administrator: Diana Lopusny, M.D.

Name of Patient: _____

Date of Birth: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____

If not signed by patient, please indicate your relationship to patient:

Refusal to sign
Will initiate the need to complete:
Confidential Channel Communication Request Form