

HIPAA PRIVACY POLICY

Notice of privacy practices version 2-27-03
(Effective April 14, 2003)

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY PEDIATRIC & INTERNAL MEDICINE ASSOCIATES AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding your protected health information (PHI): Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information and assist you in making more informed decisions when authorizing disclosures to others. When you visit us, we keep a record of your symptoms, examination, test results, diagnoses, treatment plan, and other medical information. We also may obtain health records from other providers. In using and disclosing protected health information, it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act, 45 CFR Part 464. The law allows use and disclosure of PHI without your authorization for treatment, payment, operations and other specific purpose explained on the following pages. This includes the sharing of information when necessary and appropriate with other healthcare providers as necessary for your continued care. It also includes contacting you for appointment reminders, specialist referrals and follow-up care. All other uses and disclosures require your specification.

Your health information rights allow you to:

- Request a restriction on the uses and disclosures of PHI as described in this notice, although we are not required to agree with request. You should address your request in writing to your physician. You will be notified within 30 days if your request cannot be granted.
- Obtain a paper copy of this notice and upon written request, obtain a copy of your health record for a fee of \$25.00 and the actual cost of postage per NRS 629.061, except that you are not entitled to access or to obtain a copy of psychotherapy notes and information compiled for legal proceedings.
- Amend your health record by submitting a written request with reason supporting request to office personal. In most cases, we will respond within 30 days. We are not required to agree to the request.
- Obtain an accounting of disclosures of your health information, except that we are not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions.
- Request in writing that we communicate with you by a specific method and a specific location. We typically communicate with you in person, by mail, e-mail, fax and telephone.
- Revoke an authorization to use or disclose PHI at any time except where action has already been taken.

Our responsibilities as required by law:

- Maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI.
- Abide by the terms of the notice currently in effect. We have the right to change our notice of privacy practices and we will apply change to your entire PHI, including information obtained prior to change.
- Post notice of any changes to our privacy policy in the lobby and make a copy available to you upon request.

- Use or disclose your PHI only with your authorization except as described in this notice.
- Follow the more stringent law in any circumstance where other state or federal law may further restrict the disclosure of your PHI.

For more information or to report a problem, contact your physician in writing to:

Fertile Crescent Pediatrics

730 Colonial Drive Suite B

Baton Rouge, LA 70806

If you feel your rights have been violated, you may file a complaint in writing. If you are not satisfied with the resolution of the complaint, you may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.

We may use or disclose your PHI for treatment, payment and operations, and for purposes described below:

Treatment: We will use and exchange information obtained by a physician, nurse practitioner, nurse or other medical professional or staff member in our office to determine your best course of treatment. The information obtained from you or from other providers will become part of your medical records. We may also disclose your PHI to other outside treating medical professionals and staff as deemed necessary for your care. For example, we may disclose your PHI to an outside doctor for specialist referral. We will also provide your health care providers with copies of various reports to assist them in your treatment.

Payment: We may send a bill to you or to your insurance carrier. Also, the disbursement office may receive PHI as necessary to pay a claim. The information on or accompanying the bill may include information that identifies you, as well as that portion of your PHI necessary to obtain payment.

Health Care Operations: Members of the medical staff, and/or internal staff may use your information to assess the care and outcomes of your care in an effort to improve the quality of the healthcare and service we provide or for educational purposes. For example, an internal review team may review your medical records to determine the appropriateness of care. There may also be times in which our accountants, auditors, health information specialists or attorneys may review your PHI to meet their responsibilities.

Business Associates: There are some services provided through contracts with business associates, such as laboratory and radiology services. We may disclose your health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.

Notification: We may disclose limited health information to friends or family member identified by you as being involved in your care or assisting you. This type of request must be received in writing, please ask an office staff member for an authorization for release of protected health information form, if this type of service is needed. We may also notify a family member or other contact person that assist you or a dependent about your general health in the event of an emergency.