

**NOTICE OF PRIVACY PRACTICES FOR
CARLISLE PEDIATRIC ASSOCIATES**
804 BELVEDERE STREET, CARLISLE, PA 17013
717-243-1943
Effective Date: 4 - 14 – 03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have questions regarding this notice, you may contact our privacy officer at the above address,

OUR COMMITMENT TO YOUR PRIVACY

Carlisle Pediatric Associates understands the importance of maintaining the privacy of your individually identifiable health information (IIHI). The federal privacy rule mandates that we provide you with notice of our legal duties and privacy practices with respect to your protected health information (PHI). By federal and state law we must follow the terms of the notice currently in effect. We may at times update this notice. Changes to this notice will apply to present or future information we may receive or create.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or payment for healthcare provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

WE MAY USE AND DISCLOSE YOUR (IIHI) IN THE FOLLOWING WAYS

The following categories describe the various ways in which we may use and disclose your IIHI.

HEALTH CARE OPERATIONS: Our practice may use and disclose your IIHI to operate our business, some examples of health care operations purposes include:

- ❖ Quality assessment and improvement activities.
- ❖ Cost management and business planning activities.

TREATMENT: Our practice may use and disclose your IIHI for our treatment purposes as well as the treatment purposes of other healthcare providers. Some examples of treatment uses and discloses include:

- ❖ We may contact you to provide appointment reminders
- ❖ We may use sign-in sheets and call you by your name in the waiting room.
- ❖ We may ask you to have laboratory tests and use the results to help us reach a diagnosis.
- ❖ We may write a prescription for you and disclose information to a pharmacist.
- ❖ We may use your answering machine to leave appointment reminders or to disclose results of laboratory or x-ray results.
- ❖ We may disclose IIHI to grandparents, older responsible children or babysitters who assist in caring for your child.

PAYMENT: Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. Some examples of payment uses and disclosers include:

- ❖ We may contact your health insurer to certify that you are eligible for benefits.
- ❖ We may provide your health insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment.
- ❖ We may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs.
- ❖ We may use your IIHI to bill you directly.

OTHER USES AND DISCLOSURES FOR OTHER PURPOSES

We may use and disclose your IIHI for other purposes. This section generally describes those purposes by category.

PUBLIC HEALTH RISKS: Our practice may disclose your IIHI to public health authorities that are authorized by law to collect such information for recording, prevention or notification purposes.

HEALTH OVERSIGHT: Our practice may disclose your IIHI to a health oversight agency for activities authorized by law such as investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

LAWSUITS: Our practice may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. This would include a response to a discovery request, subpoena or other lawful process by another party involved in the dispute.

LAW ENFORCEMENT: Our practice may use and disclose your IIHI when required by federal, state or local law.

BUSINESS ASSOCIATES: Our practice may disclose your IIHI to our business associates and allow them to create and receive protected health information on our behalf. Business associates would include a consulting firm, and accounting firm or a law firm. For example we may share with our attorney information regarding your care in the event a legal situation should occur.

USES AND DISCLOSES WITH AUTHORIZATIONS For all other purposes that do not fall under a category listed under above categories we will seek to obtain your written authorization to sue or disclose your IIHI. This would include contact with teachers and school personnel who will be unable to receive information or discuss a child's status without such authorization.

PATIENT PRIVACY RIGHTS

CONFIDENTIAL COMMUNICATIONS:

You have the right to request that our practice communicate your protected health information to you by a certain means (eg. Phone, mail) or at a specific location (eg. home, work). We will accommodate reasonable requests. To make a request for confidential communications, you must submit a written request for our privacy officer. You must state how or where you want to be contacted. You do not need to give a reason for your request.

REQUESTING RESTRICTIONS: You have a right to request further restrictions on our use and disclosure of your IIHI for treatment, payment or healthcare operations. You also have the right to request us to restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care such as family member and friends. We are not required to agree to your request. To request a further restriction, you must submit a written request to our privacy officer stating: a) what information you want restricted; b) how the information is to be restricted; c) to whom you want the restriction apply,

INSPECTION AND COPIES: You have the right to inspect and obtain a copy of the IIHI that we maintain in a designated records set. This right is subject to limitation and a predisclosed fee will be imposed. To exercise your right of access you must submit a written request to our privacy officer stating: a) the health care information to which access is requested; b) how you wish to access the information, such as inspection, pick up copy, mailing of copy; c) mailing address if applicable.

RIGHT TO AMENDMENT: You may ask us to amend your health information if you consider it incorrect or incomplete. You must provide us with a reason that supports your request. To request an amendment your request must be made in writing and submitted to our privacy officer. We may deny your request if you ask us to amend information that is in our opinion; a) accurate and complete; b) not part of the IIHI kept by or for the practice; c) not part of the IIHI which you would be permitted to inspect or copy; or d) not created by our practice.

ACCOUNTING OF DISCLOSURES: You have a right to obtain an accounting of non-routine disclosures of your IIHI by us (or a business associates for us) made for non-treatment or operations purposes. All requests must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. A predisclosed fee may be imposed.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit a complaint to the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. You will not be penalized for filing a complaint.

