

# **HIPAA Notice of Privacy Practices**

**Revised 2013**

This notice was published and becomes effective as of September 16<sup>th</sup>, 2013

**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.**

**Mt. Airy Pediatrics, PC** respects your privacy. We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing care and services to you. It protects any kind of health information such as office visits, tests and procedures, diagnosis, or health information from other providers, and billing and payment information relating to these services. This includes mental health information, therapy, counseling or other aspects of mental health care. Information that is spoken, printed or transmitted electronically all fall under the HIPAA privacy act.

We will not use or disclose your health information to others without your authorization, except as described in this Notice, or as required by law. We cannot refuse to provide you with healthcare services if you decline to sign the attached acknowledgement.

**1. *Your health information rights.***

The health and billing records we create and store are the property of Mt. Airy Pediatrics, PC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive from us a paper copy of the most current Notice of Privacy Practices, and ask questions about it.
- You have the right to request a restriction of your protected health information. You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law. You must deliver this request in writing to us. We are not required to grant the request unless the request is to restrict disclosure of your protected health information to a health plan for payment or health care operations and the protected health information is about an item or service for which you paid in full directly.
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances.
- Ask us to change your health information that is inaccurate or incomplete. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of certain disclosures of your health information. The list will not include disclosures for treatment, payment, or health care operations. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another confidential means of communication or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we receive the revocation. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

## **2. *How we may use and disclose your protected health information.***

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways we may use and disclose your protected health information without your permission. For each category, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

- When required by law or for public health and safety purposes. To public health authorities and health oversight agencies that are authorized by law to collect information, including communicable disease and child abuse or neglect.
- As required by law for lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a law enforcement official, consistent with federal & state laws, including criminal activity.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization permitted by law to collect & receive the information.
- To federal officials for intelligence and national security activities authorized by law, as well as disclosure to Armed Forces personnel under military command, the Dept. of Veteran Affairs and foreign military command.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.
- To researchers when approved by the institutional review board and protocols ensure the privacy of your protected health info.
- To the Food & Drug Administration for quality, safety and effectiveness of FDA regulated products or activities.
- To Coroners, Funeral Directors and Organ Donation for identification, cause of death and to carry out duties including organ donation, as authorized by law.
- To family and others. Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you were seen in our office.

## **3. *Our responsibilities.***

### **We are required to:**

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice for as long as it is in effect.
- Notify you if we become aware of a breach of your unsecured protected health information.
- We reserve the right to change our privacy practices and the terms of this Notice, and to make the new privacy practices and notice provisions effective for all of the protected health information we maintain. If we make material changes, we will update and make available to you the revised Notice upon request. You may receive the most recent copy of this Notice by calling and asking for it, by visiting our office to pick one up, or by visiting our Web site, if we maintain one.

If you have any further questions or a complaint regarding this notice or our health information privacy policies, please contact us: Attn: Practice Manager/Security Officer

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