

# **STORRS PEDIATRICS NOTICE OF PRIVACY PRACTICES**

**Effective Date: July 2, 2018**

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

## **About This Notice:**

Storrs Pediatrics is required by law to maintain the privacy of your Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by us in the clinic, whether recorded in your medical record, invoices, payment forms, or other ways.

## **What is Protected Health Information (PHI)?**

Protected Health Information (PHI), is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

## **How Storrs Pediatrics May Use and Disclose Your PHI**

1. **Treatment** We will use and disclose your PHI for the purpose of providing, or allowing others to provide, coordinate, or manage your health care and any related services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.
2. **Payment** Your PHI will be used, as needed, for the purpose of allowing us, as well as other entities, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.
3. **Regular Health Care Operations** We may use and disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to: quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities.
  - a. For example, we may use a sign in sheet at the registration desk. We may also call you by name in the waiting room when your physician is ready to see you.

We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

- b. We will share your PHI with third party “business associates” that perform various activities (e.g., billing) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**4. Information Provided to you.**

5. **Minors** We may disclose PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
6. **Required By Law** As required by law, we may use and disclose your PHI.
7. **Public Health** As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting of exploitation of vulnerable adults or domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure, and we may disclose your health information to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
8. **Health Oversight Activities** We may disclose your PHI to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
9. **Judicial and Administrative Proceedings** We may disclose your PHI in the course of any administrative or judicial proceeding
10. **Law Enforcement** We may disclose your PHI 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 or subpoena, and other law enforcement purposes.
11. **Deceased Person Information** We may disclose your PHI to coroners, medical examiners, and funeral directors.
12. **Organ Donation** We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
13. **Public Safety** We may disclose your PHI to appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or the general public.
14. **Military and Veterans** If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI to the appropriate foreign military authority if you are a member of a foreign military.
15. **Worker’s Compensation** We may disclose your PHI as necessary to comply with workers compensation laws.

**When Storrs Pediatrics May Not Use Or Disclose Your PHI**

Except as described in this Notice of Privacy Practices, Storrs Pediatrics will not use or disclose your PHI without your written authorization. If you do authorize Storrs Pediatrics to use or disclose your PHI for another purpose, you may revoke your authorization of the use or disclosure of your PHI in writing at any time, except to the extent that action has already been taken in reliance on your previous authorization.

## Your Health Information Rights

1. **Right to Inspect and Copy** You have the right to inspect and / or receive copy of your health information that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. We will not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.
2. **Right to an Electronic Copy of Electronic Medical Records** If your PHI is maintained in one or more designated records sets electronically (for example, an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable fee for the labor associated with copying or transmitting the electronic PHI. If you choose to have your PHI transmitted electronically, you will need to provide a written request to this office listing the contact information of the individual or entity who should receive your electronic PHI.
3. **Right to an Accounting of Disclosures** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for your treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our office. Your request must state a time period which may not be longer than six years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by email.). The first accounting of disclosures you request will be free. For additional requests, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
4. **Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.
5. **Right to Request Certain Disclosures to Your Health Plan** You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at time of service.
6. **Medical Residents and Medical Students** Medical residents or medical students may observe or participate in your treatment or use your PHI to assist in your training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.
7. **Newsletters and Other Communications** We may use your PHI to communicate to you by newsletters, mailings or other means regarding treatment options, health related

information, disease management programs, wellness programs, or other community-based initiatives or activities in which our practice is participating.

8. **Right to a Paper Copy of This Notice** You have a right to a paper copy of this Notice of Privacy Practices upon request. To obtain a paper copy of this notice, or if you would like to exercise one or more of these rights, please contact our Designated Privacy Officer:

Amber Malom  
Storrs Pediatrics  
317 Seven Springs Way  
Suite 203  
Brentwood, TN 37027  
615-739-5345

### **Changes to This Notice of Privacy Practices**

Storrs Pediatrics reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such an amendment. Until such amendment is made, Storrs Pediatrics is required by law to comply with this Notice.

Storrs Pediatrics will display revised Notices on the Storrs Pediatrics website located at [www.storrspediatrics.com](http://www.storrspediatrics.com) and they will also be available from us upon request.

### **Complaints**

If you believe your privacy rights have been violated, you may file a written complaint with the Designated Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed above. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. You will not be penalized for filing a complaint.