

Paniolo Pediatrics and Family Medicine

NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d, et seq., and regulations adopted under that Act.

****THIS NOTICE DESCRIBES HOW YOUR CHILD'S HEALTH INFORMATION (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED. IT INFORMS YOU HOW TO OBTAIN ACCESS TO YOUR CHILD'S PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Effective Date: This notice takes effect on July 1, 2015 and stays in effect until replaced by another notice.

OUR COMMITMENT TO YOUR PRIVACY - Our practice is dedicated to maintaining the privacy of our patients' protected health information (PHI). In conducting our business, we create records regarding our patients and the treatment and services we provide to them. We are required by law to maintain the confidentiality of health information that identifies our patients. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning patient PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information: (a) how we may use and disclose PHI, (b) patients' privacy rights in their PHI, and (c) our obligations concerning the use and disclosure of PHI.

The terms of this notice apply to all records containing PHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records that our practice has created or maintained in the past, and for any records that we may create or maintain in the future. Our practice will post a copy of our current notice in our office in a visible location at all times and a copy on our website. You may request a copy of our most current notice at any time.

IF YOU HAVE QUESTIONS ABOUT THE NOTICE, PLEASE CONTACT:

Wesley Margheim, Privacy Officer at: Address: 64-1032 Mamalahoa Hwy., Suite 204, Kamuela, HI 96743 or Phone number: (808) 887-6543.

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment:** Our practice may use PHI to treat your child. We might use PHI in order to write a prescription for your child, or we might disclose your child's PHI to a pharmacy when we order a prescription for him or her. Employees of our practice (including, but not limited to, our doctors, nurses and medical assistants) may use or disclose your child's PHI in order to treat him or her, or to assist others in his or her treatment. Additionally, we may disclose your child's PHI to others who may assist in his or her care, such as your spouse, siblings or parents (when appropriate or with consent).
2. **Payment:** Our practice may use and disclose your child's PHI in order to bill and collect for the services and items he or she receives from us. For example, we may contact your child's health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide the insurer with details regarding your child's treatment to determine if the insurer will cover, or pay for, the treatment. We may also use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs (such as family members). We may use your child's PHI to bill you directly for services and items.
3. **Health Care Operations:** Our practice may use and disclose your child's PHI to operate our business. For example, our practice may use your child's PHI to: (1) evaluate the quality of care your child received from us; (2) conduct cost-management and business planning activities for our practice; (3) conduct trainings for our employees; (4) and/or other business management or administrative activities.
4. **Other possible uses:**
 - a. **Appointment Reminders:** Our practice may use and disclose your child's PHI to contact you and remind you of his/her appointment.
 - b. **Health Related Benefits and Services:** Our practice may use and disclose your child's PHI to inform you of health-related benefits or services that may be of interest to you for your child's care.
 - c. **Release of Information to Family/Friends:** Our practice may release your child's PHI to a friend or family member that is, by consent, involved in his or her care, or who assists in taking care of him or her.
 - d. **Disclosures Required By Law:** Our practice will use and disclose your child's PHI when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

1. **Public Health Risks:** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - a. maintaining vital records, such as births and deaths
 - b. reporting child abuse or neglect
 - c. preventing or controlling disease, injury or disability
 - d. notifying a person regarding potential exposure to a communicable disease
 - e. notifying a person regarding a potential risk for spreading or contacting a disease or condition
 - f. reporting reactions to drugs or problems with products or devices
 - g. notifying individuals if a product or device they may be using has been recalled.

2. **Health Oversight Activities:** Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, 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.

3. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your child's PHI in response to a court or administrative order, if your child's PHI is relevant to a lawsuit or other legal proceeding. We may also disclose your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
 - a. Regarding a crime victim in certain situations, if we are unable to obtain the your agreement
 - b. Concerning a death we believe has resulted from criminal conduct
 - c. Regarding criminal conduct at our office
 - d. In response to a warrant, summons, court order, subpoena or similar legal process
 - e. To identify/locate a suspect, material witness, fugitive or missing person
 - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
6. **Organ and Tissue Donation:** Our practice may release your child's PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if your child is an organ donor.
7. **Research:** Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's PHI for research purposes except when:
 - a. our use or disclosure was approved by an Institutional Review Board or a Privacy Board; and
 - b. we obtain the oral or written agreement of a researcher that:
 - i. the information being sought is necessary for the research study and the researcher is subject to an appropriate agreement;
 - ii. the use or disclosure of our PHI is being used only for the research;
 - iii. the researcher will not remove any of your PHI from our practice; or,
 - iv. the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
8. **Serious Threats to Health or Safety:** Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **National Security:** Our practice may disclose your child's PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your child's PHI to federal officials including the President, other officials or foreign heads of state, or to conduct investigations.
10. **Inmates:** Our practice may disclose your child's PHI to correctional institutions or law enforcement officials if he or she is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to your child, (b) for the safety and security of the institution, and (c) to protect your child's health and safety or the health and safety of other individuals.

YOUR RIGHTS REGARDING YOUR CHILD'S PHI

1. **Confidential Communications:** You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to: Paniolo Pediatrics LLC, Attention: Wesley Margheim, Privacy Officer 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care, or the payment of your child's care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to Paniolo Pediatrics, Attention: Wesley Margheim, Privacy Officer, 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743. Your request must describe in a clear and concise fashion:
 - a. the information you wish restricted;
 - b. whether you are requesting to limit our practice's use, disclosure or both; and,
 - c. to whom you want the limits to apply.

3. **Inspection and Copies:** Except in limited circumstances, you have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records. You must submit your request in writing to: Paniolo Pediatrics LLC, Attention: Wesley Margheim, Privacy Officer, 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743 in order to inspect/and or obtain a copy of your child's PHI. Our practice will respond to this request within a reasonable period of time, not to exceed thirty (30) business days. Our practice may charge a reasonable fee for the costs of copying, mailing, labor and supplies associated with your request. Our office may deny your request to inspect and/or obtain copies in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. You will receive a letter notifying you of the denial and the practice's basis for such decision.

4. **Amendment:** You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: Paniolo Pediatrics LLC, Attention: Wesley Margheim, Privacy Officer, 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743. You must provide us with a reason that supports your request for the amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, 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 PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. You will receive a letter notifying you of this denial and the practice's basis for such decision.

5. **Accounting of Disclosures:** All of our patients have the right to an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment or operations purposes. Use of your child's PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the billing department using your child's information to file an insurance claim need not be documented. In order to obtain an accounting of disclosures of your child's PHI, you must submit your request in writing to: Paniolo Pediatrics LLC, Attention: Wesley Margheim, Privacy Officer, 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first accounting of disclosures of your child's PHI requested within a twelve (12) month period is free of charge, but our practice may charge you a reasonable, cost-based fee for additional accountings within the same twelve (12) month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Office at (808) 887-6543.

Right to File a Complaint: If you believe your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of the Health and Human Services. To file a complaint with our practice, submit the appropriate compliant form to: Paniolo Pediatrics LLC, Attention: Wesley Margheim, Privacy Officer, 64-1032 Mamalahoa Hwy., Ste. 204, P.O. Box 6149, Kamuela, HI 96743. All complaints must be submitted in writing. The appropriate form can be obtained from any member of the practice's staff. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

DISCLOSURES TO AND RIGHTS OF OTHER PARENT OR LEGAL GUARDIAN(S)

Unless either parent has provided our practice with a copy of a custody order granting sole legal custody to that parent, we will disclose the patient's PHI to both parents, without the other's permission, upon request. In addition, both parents have the same rights and obligations with regard to the use, dissemination or treatment of the patient's PHI. Accordingly, we are required to comply with any authorization or request by either parent. The same obligations apply in the event that two or more legal guardians share legal custody of the patient.