

Ahmad Pediatrics Notice of Privacy Practices

As required By the Privacy Regulations Created As A Result Of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY:

Ahmad Pediatrics is dedicated to maintaining the privacy of your child's individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's 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:

- How we may use and disclose your child's PHI,
- Your privacy rights in your child's PHI,
- Our obligations concerning the use and disclosure of your child's PHI.

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

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Ahmad Pediatrics at 918-458-9444, and anyone will assist you with your concerns

C. WE MAY USE AND DISCLOSE YOUR CHILD'S PHI IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your child's PHI.

- 1. Treatment.** Our practice may use your child's PHI to treat your child. For example, we may ask your child to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child's 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 your child. Many of the who work for our practice- including, but not limited to, our doctors and nurses-may use or disclose your child's PHI in order to treat your child or to assist others In your child's treatment. Additionally, we may disclose your child's PHI to others who may assist in your child's care, such as your spouse, children or parents. Finally, we may also disclose your child's PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items your child may receive 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 your insurer with details regarding your child's treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's PHI to bill directly for services and items. We may disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care operations.** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this to get your health plan to authorize services or referrals. We may also share your medical information with our "billing associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these businesses associates that contains terms requiring them to protect the confidentiality of your medical information. We may also share your information with other health care providers, health care clearing houses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
- 4. Appointment Reminders.** We may use and disclose medical information to contact you about appointments. if you are not home, we may leave this information on answering machine or in a message left with the person answering the phone.
- 5. Sign in Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- 6. Notification and communication with Family.** We may disclose your information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location your organization so that they may coordinate these notification efforts. We may also disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. if you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to emergency circumstances. if you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. **Marketing.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information without your written authorization.
8. **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.

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

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

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:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - 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 is involved in a lawsuit or similar proceeding. We also may 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:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
 - Concerning a death we believe has resulted from a criminal conduct,
 - in response to a warrant, summons, court order, subpoena or similar legal process,
 - To identify/locate a suspect, material witness, fugitive or missing person,
 - in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify 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. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **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 the circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. **Military.** Our practice may disclose your child's PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 8. **National Security.** Our practice may disclose your child's PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child's PHI to federal and national security activities by law. We also may disclose your child's PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
 9. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.
 10. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/ record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
 11. **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
- E. 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 communications, you must make a written request to the office 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 care or the payment for your 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 you. In order to request a restriction in our use or disclosure of your child's PHI, you must make a request in writing to the office. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our practice's use, disclosure or both
 - To whom you want the limits to apply
 3. **Inspection and Copies.** You may obtain a copy of your child's PHI if requested to the office. Some additional fees and supplies might apply to the medical records requested. Our practice can deny your request at any time, and you can request a review of our denial.
 4. **Amendment.** You may ask us to amend your child's PHI 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 please contact our office. However, as a practice we can deny your claim at any time. Such as we as a practice thinks that the information is complete and if the medical information was from another facility or physician.
 5. **Right to a paper copy of this notice.** You are entitled to a copy at any time, and can be requested in the office.

Effective date of this notice: September, 2009

D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will offer you a copy at each appointment.

E. COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our office at 918-458-9444.