



# Harrisonburg Pediatrics

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## NOTICE OF PRIVACY PRACTICES Of Harrisonburg Pediatrics

Effective Date: 4/14/03

**This notice describes how medical information about you can be used and disclosed and how you can gain access to this information. Please review it carefully.**

### **Our Pledge Regarding Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by the office, whether made by office personnel or your doctor. This notice will tell you about ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect and post any revisions made to these privacy practices. You may request a copy of this notice at any of our office locations.

### **How We May Use and Disclose Medical Information about You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to 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 information will fall within one of the categories.

- **For Treatment** Harrisonburg Pediatrics may use and disclose medical information about you for treatment. Examples of these include, but are not limited to, requested preschool, kindergarten, sports or college physicals and requested school or work notes in which an exchange of information is necessary to show proof of the patient's visit, examination or immunization status. Medical information may be disclosed for referral purposes such as referral to social services, home health agencies, for durable medical equipment and/or referrals to other providers for treatment.
- **For Payment** We may use and disclose medical information so that treatment and services you receive may be billed to and payment may be collected from you, insurance companies or from a third party. For example, we may need to give your health plan information about services you received so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. At times, personal or payment information may need to be given to a collection agency.
- **For Health Care Operations** We may use and disclose medical information about you for practice operations. These uses and disclosures are necessary to run the practice and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, and other students interested in the medical field for review and learning purposes. Information may be given to your health insurance plan to review to ensure that we are meeting their guidelines in providing you medical care and services.
- **For Appointments** Harrisonburg Pediatrics may at times contact the patient, parent or legal guardian to provide appointment reminders or information regarding test results, treatment or other health-related benefits and services that will provide quality of care. We may contact you to verify insurance eligibility and benefits or to discuss account issues.
- **Treatment Alternatives** We may use and disclose information to tell you about treatment options, health related benefits or services.
- **For Research** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.



- **As Required By Law** We will disclose medical information about you when required to do so by federal, state or local law. These disclosures include but are not limited to, law enforcement, court orders or subpoenas, and to an agency authorized by law to oversee health care organizations. This disclosure of your medical information may be given without your permission.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.
- **Public Health Risks** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

**Harrisonburg Pediatrics will not make any other use or disclosure of a patient's protected health information without written authorization. Such authorization will allow disclosure unless revoked in writing, which may be done at any time.**

We cannot share medical information with anyone other than the patient, the parent of a minor child or a court appointed guardian. We request that a **Medical Treatment Authorization Form** be completed when someone other than the parent or legal guardian brings the child for treatment. This form may be required before care can be given.

**You have the following rights regarding medical information we maintain about you:**

- **Right to Inspect and Copy** You have the right to inspect and obtain copies your medical information, including your medical and billing records. You must submit your request in writing and in most cases will be charged a fee to cover the costs of copying your medical information. Special guidelines will be followed when copies of medical records are requested. When the medical information belongs to a teenager, we may request approval from the teenager before providing the information to the parent. We are not required by law to release mental health or ECC records or information that may be used in legal or administrative action. If we feel access to any medical information could endanger the safety or life of the patient or another individual, we may deny your request to inspect and receive a copy of your records. Your request for information may also be denied if it is not accessible to you under the requirements of Virginia state law. You may request that this denial be reviewed. A health care professional, other than the person who denied your request, will review your request and the denial. We will comply with the outcome of the review.
- **Right to Amend** If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as the office has this information. Your request must be made in writing and include the reason for your requested amendment. *We may deny your request* if you ask us to amend information not created by us, is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or the existing information is accurate and complete. If your request is denied, we will provide in writing the reason for the denial. You have the right to submit in writing your disagreement with our denial. These written statements will be attached to the medical information in question.
- **Right to an Accounting of Disclosures** You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing. Your request must state a time period, not longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free. Disclosures of your medical information for treatment, payment and healthcare operations, to law enforcement, or that occurred prior to the compliance date are not included in the accounting.
- **Right to Request Restrictions** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment for your care. *We are not required to agree to your request.* If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing telling us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. This restriction can be revoked in writing.
- **Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing but do not need to provide the reason for your request. Your request must specify how or where you wish to be contacted. *We have the right to deny your request.*
- **Right to a Copy of This Notice** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information maintained by our practice.

**Concerns:**

If you believe your privacy rights have been violated, you may notify our office or the Secretary of the Department of Health and Human Services. To notify our office of your concern, please contact the HIPAA Privacy Officer by sending a written letter to 1947 Medical Avenue, Harrisonburg, VA 22801, Attn: HIPAA Privacy Officer or by calling 540-434-3004. All concerns will be addressed and the results reported to the Board of Directors of Harrisonburg Pediatrics. No retaliatory action will be made against any individual who submits or conveys a concern of suspected or actual non-compliance of the privacy standards.