



NOTICE OF PRIVACY PRACTICES

CHILDREN'S CLINIC OF RACELAND

110 Acadia Drive, Raceland, LA 70394

Effective Date: 7/1/2007

Revised Date: 9/23/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED BY THE CHILDREN'S CLINIC OF RACELAND AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, the Children's Clinic of Raceland and all similar health care providers, are required by federal law to maintain the privacy of your child's protected health information and will abide by the terms in the Privacy Notice.

PLEASE REVIEW THIS CAREFULLY. The privacy of your child's protected health information is important to us.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment and billing-related information. This notice of Privacy Practices describes how we may use and disclose your child's protected health information to carry out treatment, payment or health care operations and for the purposes that are permitted or required by law. It also describes your rights to access and control your child's protected health information. Protected Health Information is information about your child, including demographic information, that may identify you or your child/children and that relates to you or your child's past, present and future physical or mental health or condition and related health care services.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your child's health information and provide you a description of our privacy practices. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We collect health information about you and store it in a chart and on a computer. This is your medical record. The medical record is a property of the Children's Clinic of Raceland, but the information in the medical record belongs to you.

The following categories describe the different ways we use and disclose protected medical information which do not require your written authorization.

Treatment: We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. We will disclose your child's health information to another physician for the purpose of consultation and coordination of care; nurses, medical assistants, and/or hospital personnel who are involved in your child's care. We may also provide other healthcare providers with copies of various reports that are necessary to assist them to diagnose and treat your child.

Payment: Your child's protected health information will be used, as needed, to obtain payment for your child's 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 your child such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child for medical necessity and understating utilization review activities. For example, obtaining approval for a hospital stay or approval for prior authorization of recommended imaging studies which may require that your child's relevant protected health information be disclosed to the health plan to obtain approval.

Health Care Operations: We may use or disclose, as needed, your child's protected health information for the operation of our health care practice. These uses and disclosures are necessary to run our practice and to make sure that all our patients receive quality care. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and other students for educational purposes. And we may combine medical information we have with that of other practices or hospitals to see where we can make improvements. We may remove information that identifies your child from this set of medical information to protect their privacy.

For example, we may call your child by name in the waiting room when the provider is ready to see your child. We may use or disclose your child's protected health information, as necessary, to contact you to remind you of your child's appointment.

Business Associates: There are some services provided in our medical practice through contacts with business associates. Examples include services for billing, laboratory, electronic medical records, etc. When these services are contracted, we may disclose your child's protected health information to our business associates so that they can perform the job we have asked them to do. To protect your child's protected health information, however, we require the business associate to appropriately safeguard your information.

Whenever an arrangement between our office and a business associate involves the use or disclosure of your child's protected health information, we will have a written contract that contains terms that will protect the privacy of your child's protected health information. In addition, at the request of your other health care providers or health plans, we may disclose your child's protected health information to their authorized business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose your child's protected health information to a business associate of Medicaid for purposes of medical necessity review and audit.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment or that you missed an appointment and should contact us to reschedule. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. Please let us know if you do not wish to have us contact you or if you wish us to use a different address to contact you for this purpose.

Health Related Benefits and Services: We may use and disclose your child's protected health information to inform you of health-related benefits or services that may be of interest to you.

Notification and Communication with Family: We may release your child's protected health information to a friend or family member, close personal friend, or anyone else whom you identify who is involved in your child's care or who helps pay for your child's care. In addition, we may disclose medical information about your child to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care of your child's location, general condition or death. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. **If you would like us to refrain from releasing your child's protected health information to a family member or friend, please notify the Children's Clinic of Raceland Privacy Officer at (985) 537-8687.**

Proof of Immunization: We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your child.

Marketing: We may communicate to you via mail outs or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities our practice is participating in. We may disclose your child's protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Sale of Health Information: We will not sell your child's protected health information without your prior written authorization.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your child's protected health information/medical 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.

Research: As authorized by applicable federal and state law, we may use and disclose your child's health information for certain limited research purposes without your authorization. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child protected health information.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your child's protected health information in the following situations, to the extent permitted by applicable state and federal law, without your authorization. These situations include:

Required by Law: We may use or disclose your child's protected health information for public health information to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your child's protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Other public health information activities in which we may disclose your child's health information include the following:

- To report births or deaths
- To report child abuse or neglect
- To report adverse events, product defects or problems
- Activities related to the quality, safety or effectiveness of FDA-regulated product
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

We may also disclose your child's protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose your child's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other proceedings subject to the limitations imposed by the federal and state law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Breach Notification: We may disclose your child's protected health information to provide legally required notices of unauthorized access to or disclosure of your child's health information. We will notify you in writing if we discover a breach of your child's unsecured health information, unless we determine that notification is not required by applicable law. You will be notified without unreasonable delay. Such notification will include information about what happened and what has been done or can be done to mitigate any harm to your child as a result of such breach.

Abuse or Neglect: We may disclose your child's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your child's protected health information if we believe that your child has been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, that disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your child's protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceedings to the extent expressly authorized by a court or administrative order. We may also release your child's health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you about the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement: We may, and are sometimes required by law, to disclose your child's protected health information 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, warrant, grand jury subpoena and other law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. We may disclose your child's health information to organizations involved in procuring, banking or transplanting organs and tissues.

Criminal Activity/Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your child's protected health information, if we believe that the use or disclosure is necessary to prevent or lessen serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual as authorized by applicable state and federal law.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for the activities deemed necessary by appropriate military command authorities and for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits. It may also disclose protected health information to foreign military authority if you are a member of that foreign military services and also to authorize federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers Compensation: We may disclose your child's protected health information as authorized to comply with worker's compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, protect your health and safety or the health and safety of other and for the safety and security of the correctional institution.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with their requirements.

PATIENT'S RIGHTS

The following is a statement of your rights with respect to your child's protected health information and a brief description of how you may exercise these rights.

Right to Inspect and Obtain a Copy of your Child's Protected Health Information.

This means you may inspect and obtain a copy of protected health information about your child that is contained in a designated record set for as long as we maintain the protected health information, except in limited circumstances. To inspect and copy your health information, you must make your request in writing. You may request access to your health information in a certain electronic form and format and access may be granted in that requested form and format if it is readily producible, or, if not readily producible, in a mutually agreeable form and format. Further, you may request in writing that we transmit a copy of your health information to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. If you request a copy of your child's health information, we may charge a cost-based fee for the labor, supplies, and postage required to meet your request. We may deny your request to inspect and copy in certain very limited circumstances. Under state and federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances you may have a right to have this decision reviewed by a licensed health care professional chosen by us. Please contact us if you have any questions about access to your child's medical record.

Right to Request a Restriction of your Child's Protected Health Information. This means you may ask us not to use or disclose any part of your child's protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your child's protected health information not be disclosed to family members or friends who may be involved in your child's care or for notification purposes as describe in this Notice of Privacy Practices.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively affect the care we provide your child. If we do agree, we will comply with your request, unless the information is needed to provide your child emergency treatment.

Your written request must state the specific restriction requested and to whom you want the restriction to apply. Please make this request in writing to our Office Manager.

Right to Request to Receive Confidential Communications: This means you have the right to request that we communicate with you about medical matters in a certain way or at a certain address. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. Please make this request in writing to our Office Manager.

Right to Request to amend your Child's Protected Health Information: This means if you feel that your child's protected health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. Please make this request in writing to our Office Manager.

Right to Receive an Accounting of Disclosures: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, to family members or friends involved in your child's care or for notification purposes. Your request must state a time period which may not be longer than six years. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. Please make this request in writing to our Office Manager.

Right to Request a Specific Item or Service not be Disclosed to a Health Plan: If you paid out-of-pocket in full for a specific items or service, you have the right to ask that your child's protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your child emergency treatment.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To exercise any of your rights, please request a copy from our Office Manager.

CHANGES TO THIS NOTICE

We reserve the right to amend our privacy practices and the terms of 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 Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will post a copy of the current Notice in our reception area and a copy will be available at each appointment. Updates to this Notice will also be available at our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the Office Manager. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of Department of Health & Human services. We will not retaliate against you or penalize you for filing a complaint.

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Office Manager.