

Yuma Pediatrics LTD



2359 22nd Drive, Suite 2, Yuma, AZ 85364-8865

Tel. 928-344-4800 Fax 928-726-2377 www.yumapediatrics.com

NOTICE OF PRIVACY PRACTICES

Updated August 20, 2013

WE AT YUMA PEDIATRICS RESPECT THE PRIVACY OF OUR PATIENTS AND UNDERSTAND THE IMPORTANCE OF KEEPING OUR PATIENTS' HEALTH INFORMATION SECURE, CONFIDENTIAL, AND PRIVATE. THE FEDERAL HIPAA LAWS REQUIRE US TO PROVIDE OUR PATIENTS WITH WRITTEN NOTICE OF THEIR RIGHTS AND OF OUR LEGAL DUTIES AND PRACTICES WITH RESPECT TO THE PRIVACY OF PROTECTED HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY AND RETAIN THIS COPY FOR YOUR RECORDS.

AUTHORIZED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: Our practice will use or disclose patient information to provide, coordinate, or manage our patients' healthcare services. This may include sharing patient information with other doctors, specialists, hospitals, laboratories, pharmacies, diagnostic companies, counselors, agencies, and facilities outside of our practice so they may assist us in treating our patients.

Payment: Our practice will use or disclose patient information to bill and collect payment for healthcare services that we provide. This may involve disclosure to insurance carriers, collection agencies or other third parties that may be responsible for a patient's healthcare costs, such as family members. Additionally, we may disclose patient information to other health care providers and other entities to assist in their billing and collection efforts.

Healthcare Operations: Our practice will use or disclose patient information to operate and run our business. These activities include, but are not limited to audits, training, business planning & development, management & administrative activities.

Business Associates: We may disclose patient information to other entities, such as a billing company, that provide our practice a service that requires the use of our patients' protected information, but only if we have received satisfactory assurance that our associate will protect our patients' information.

Individuals Involved in a Patient's Healthcare: We may disclose protected health information to others who assist in a patient's care such as parents, guardians and caretakers.

Required by Law: We will disclose information when required under federal, state or local law such as in response to court or administrative orders, subpoenas, discovery requests or other lawful processes.

Public Health Responsibilities: We will disclose patient information to report serious threats to the health and safety of our patients or of others, such as exposure to communicable diseases, adverse reactions to vaccines or medications, or product recalls.

Abuse or Neglect: We may disclose patient information to appropriate authorities to report suspected victims of abuse, neglect, domestic violence, or of other crimes.

Federal or State Government Health Oversight Activities: We will disclose patient information to comply with investigations, audits, and other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

National Security and Intelligence Activities: We will disclose patient information to authorized federal officials who require information for intelligence, counterintelligence, or other issues concerning national security.

USES OR DISCLOSURES NOT DESCRIBED IN THIS NOTICE WILL BE MADE ONLY WITH THE PATIENT'S AUTHORIZATION. THIS AUTHORIZATION MUST BE IN WRITING AND MAY BE REVOKED AT ANY TIME.

Marketing Health Related Services: We are required to obtain authorization for marketing purposes if communication about a product or service is provided and we receive financial remuneration. No authorization is required if the communication is face to face or for promotional gifts.

Fundraising: We may use certain information to contact patients for the purpose of raising money. The patient has the right to opt out of receiving such communications with each solicitation.

Sale of Protected Health Information: Selling of patient information without authorization is prohibited except in certain circumstances such as for the sale/transfer/merger/consolidation of all or part of healthcare facility, or as the law may require.

Psychotherapy Notes: We are required to obtain authorization for the use and disclosure of psychotherapy notes if maintained by our facility.

PATIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION

The following are statements of patient rights with respect to protected health information. A written request must be submitted to exercise these rights. Forms for this purpose may be obtained from our office.

Right to request restrictions: Requests may be made to limit the use or disclosure of PHI to certain individuals or entities. In addition, patients have the right to restrict information to their insurance carriers for services paid in full and out of pocket. We will comply with the requested restrictions except in certain circumstances such as in cases of emergency or if required by law.

Right to request confidential information: Patients may request to receive communication by alternate means or location. The request must specify how or where communication is preferred. We will accommodate all reasonable requests.

Right to inspect or copy (Fees may apply): Patients have the right to review and receive copies of their health information. Access may be requested in the format the patient desires if readily reproducible. Certain limitations apply. Once approved, an appointment may be made to review records. If access is denied, the patient may request that the denial be reviewed by another licensed healthcare professional.

Right to amend: Patients have the right to request a correction to their medical records. The written request must include a reason that supports the appeal for amendment. Any amendment will be included as an addition to, and not a replacement of, already existing records. In case of a denial, the patient may submit a statement of disagreement and request that the request for amendment and any denial be attached in all future disclosures the patient's health information.

Right to an accounting of disclosures (Fees may apply): Patients can request a list of disclosures we have made of a patient's health information if the disclosure was made for purposes other than for treatment, payment, or health care operations. The list of disclosures can be made available for a period of 6 years prior to the date of the request.

Right to receive notice of a breach: Any acquisition, access, use or disclosure not permitted under HIPAA regulations constitutes a breach. We are required to complete a risk assessment and if necessary, inform the Department of Health & Human Services and take any other steps required by law. Patients affected will be notified of the situation and of any steps that must be taken to protect against damages due to the breach.

Right to a paper copy of this notice

A paper copy of this notice is available to all patients upon request. A copy may also be obtained from our website.

Right to file a complaint

Complaints regarding violations of patient privacy may be filed with our facility's Privacy Officer, Dr. Cynthia Sison, or with the Secretary of the Department of Health and Human Resources.



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Federal HIPAA laws require us to provide our patients with a written notice of their rights and of our legal duties and practices with respect to the privacy of protected health information. Please sign and date this form to acknowledge receipt of the Notice.

PATIENT NAME: _____

DATE OF BIRTH: _____

I ACKNOWLEDGE THAT I WAS PROVIDED WITH A COPY OF THIS
OFFICE'S NOTICE OF PRIVACY PRACTICES.

Signature

Date

Print Name

Relationship to Patient

This form shall be placed in the patient's medical records.