

Integrative Developmental & Behavioral Pediatrics, LLC

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our office is permitted by federal privacy laws to make uses and disclosures of your health information without your express consent **for purposes of treatment, payment, and health care operations**. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Use and Disclosure of Your Health Information for Treatment, Payment, and Health Care Operations

Each time you visit Integrative Developmental and Behavioral Pediatrics for health care, a record of your treatment is made. This record contains such information as registration information, including identification and billing information, and treatment information, including symptoms, diagnoses, test results, and treatment plans. This record is referred to as your “medical record” or “health information,” and includes both written and electronic records. Under the Health Insurance Portability and Accountability Act of 1996 (a Federal Law also known as “HIPAA”), Integrative Developmental and Behavioral Pediatrics, LLC providers are required to keep your information confidential and to provide you with notice of our legal responsibilities and privacy practices.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

To help clarify the terms in this document, here are some definitions:

“PHI” refers to *protected health information*, which is the information in your health record that could identify you.

- *“Treatment, Payment and Health Care Operations”*
 - Treatment* is the provision, coordination or management of your health care and other services related to your health care.
 - Payment* is when reimbursement is obtained for your healthcare.
 - Health Care Operations* are activities that relate to the performance and operation of Integrative Developmental and Behavioral Pediatrics.
- *“Use”* applies to activities within Integrative Developmental and Behavioral Pediatrics, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Your health care information is used:
 - To plan for your care and treatment
 - For communication among your health care professionals
 - As a medical document describing the care you received
 - As a way for you or your insurance company to verify the services provided
 - For other similar activities that allow Integrative Developmental and Behavioral Pediatrics, LLC providers to operate efficiently and provide you with quality care.
- *“Disclosure”* applies to activities outside of Integrative Developmental and Behavioral Pediatrics such as releasing, transferring, or providing access to information about you to other parties.

Use and Disclosure Requiring Authorization

Integrative Developmental and Behavioral Pediatrics, LLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information is sought for purposes outside of treatment, payment and health care operations, an authorization will be requested from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Integrative Developmental and Behavioral Pediatrics, LLC has relied on that authorization.

Uses and Disclosures which do not require Consent or Authorization

Your PHI may be released without your consent or authorization in the following circumstances:

- **Treatment:** Integrative Developmental and Behavioral Pediatrics, LLC providers may disclose your health information by phone, letter, fax, or computer to people who are not affiliated with Integrative Developmental and Behavioral Pediatrics, LLC but are involved in your medical care, such as your primary physician or a home health agency. An example of treatment would be when your clinician consults with another health care provider, such as your family physician or another clinician.
- **Payment:** Integrative Developmental and Behavioral Pediatrics, LLC may provide you with information to share with your health insurance plan about services you have received in order for you to receive reimbursement for those services. Integrative Developmental and Behavioral Pediatrics, LLC may bill the person in your family who is responsible for payment for services received at Integrative Developmental and Behavioral Pediatrics, LLC.
- **Health Care Operations:** Integrative Developmental and Behavioral Pediatrics, LLC may use your health information for administrative activities, or for accreditation, certification, or licensing purposes. Your health information may be used to review the performance of Integrative Developmental and Behavioral Pediatrics, LLC providers who are or have been involved in your care. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Health Oversight:** Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities for the purposes of monitoring our compliance with state and federal law to include audits, civil, administrative or criminal investigations: inspections; licensures or disciplinary actions; and for similar reasons related to the administration of healthcare.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding, a lawsuit, or dispute, Integrative Developmental and Behavioral Pediatrics, LLC providers may disclose health information about you in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.
- **Appointment Reminders/ Additional Communications:** Integrative Developmental and Behavioral Pediatrics, LLC may use your health information to call you or send you a letter reminding you of an upcoming appointment. Integrative Developmental and Behavioral Pediatrics, LLC providers may also use your information to call or send you the results of tests or to for other health communications such as treatment alternatives and other health-related benefits and services that may be of interest to you.
- **Child Abuse:** If there is reasonable cause to suspect that a child seen (or heard about) in the course of professional duties has been abused or neglected, or there is reason to believe that a child seen (or heard about) in the course of professional duties has been threatened with abuse or neglect, and/or that abuse or neglect of the child may occur, Integrative Developmental and Behavioral Pediatrics, LLC providers have a legal duty to report this to the relevant county department, child welfare agency, police, or sheriff's department. Investigations by relevant county department, child welfare agencies, police or sheriff's department may result in request for (and release of) treatment records and subsequent disclosure of PHI, including progress notes, to any agency investigating child abuse/neglect.
- **Adult and Domestic Abuse:** If your clinician believes that an elder person has been abused or neglected, such information will be reported to the relevant county department or state official of the long-term care ombudsman, as your clinician is a mandatory reporter of abuse and neglect.
- **Serious Threat to Health or Safety:** Integrative Developmental and Behavioral Pediatrics, LLC may use and disclose your health information when the provider believes the disclosure is necessary to prevent a serious threat to your health and safety or the health and safety of others. Integrative Developmental and Behavioral Pediatrics, LLC clinicians must warn the third party and/or take steps to protect you, which may include informing appropriate authorities.
- **Law enforcement:** We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

Uses and Disclosures which do not require Consent or Authorization, continued

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- We may use and disclose your protected health information to assist in disaster relief efforts.
- Controlling Disease: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Workers Compensation: If you file a worker's compensation claim, your records relevant to that claim to your employer or its insurer may be required to be released and your clinician(s) may be required to testify.
- Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- Correctional Institutions: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.
- Coroners, Medical Examiners and Funeral Directors: We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.
- Other Uses and Disclosures: Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

We may obtain services from business associates who provide appointment scheduling and reception services, transcription of dictation, quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, insurance, and other services. Integrative Developmental and Behavioral Pediatrics will share information about you with such business associates as necessary to obtain these services.

Patients' Rights and Duties of Integrative Developmental and Behavioral Pediatrics, LLC Providers**Patients' Rights:**

- *Right to an Accounting of Disclosure*- You generally have the right to receive an accounting of disclosures of PHI. This right to accounting of disclosures does not include: Disclosures made to carry out treatment, payment and health care operations; Disclosures made to you; Disclosures made with your authorization; Disclosures made six years or more before the date your request is received. To request an accounting of disclosures, make your request in writing to Donna Kirchoff, MD. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- *Right to a paper copy*- You have the right to obtain a paper copy of the most current Notices of Privacy Practices upon request, even if you have agreed to receive the notice electronically.
- *Right to request a restriction in certain uses and disclosures of your health information by delivering the request in writing to our office* – we are not required to grant the request, but Integrative Developmental and Behavioral Pediatrics will comply with any request that is granted.
- *Right to inspect and copy your health record and billing record* – you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request. There may be a charge for photocopying and/or mailing your medical record.
- *Right to request that your health care record be amended to correct incomplete or incorrect information* – you may exercise this right by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and you may require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- *Right to confidential communication* – you may request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.

If you want to exercise any of the aforementioned rights, please contact Donna Kirchoff, MD, in person or in writing, during normal hours. She will provide you with assistance on the steps to take to exercise your rights.

Integrative Developmental and Behavioral Pediatrics, LLC's Duties:

- Integrative Developmental and Behavioral Pediatrics, LLC will maintain the privacy of your health information (PHI) as required by law and will provide you with a notice of our legal duties and privacy practices with respect to PHI (the information we collect and maintain about you).
- Integrative Developmental and Behavioral Pediatrics, LLC reserves the right to amend, change or eliminate provisions in the privacy policies and practices described in this notice. If our privacy practices or policies change, we will amend our Notice of Privacy Practices and you may request a revised copy in person, by email, or by phone. Unless you are notified of such changes, however, Integrative Developmental and Behavioral Pediatrics, LLC providers are required to abide by the terms of this notice and to notify you if we cannot accommodate a requested restriction or request.
- Integrative Developmental and Behavioral Pediatrics, LLC will accommodate your reasonable requests regarding methods to communicate health information with you, and accommodate your request for an accounting of disclosures as previously described.

Contact and Complaint Information

If you have questions, want additional information, or want to report a problem regarding the handling of your information, you may contact Donna Kirchoff, MD at (503) 444-1745.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Donna Kirchoff, MD. You may also file a complaint with the US Department of Health and Human Services by e-mailing your complaint to OCRComplaint@hhs.gov or by mailing your complaint to: Centralized Case Management Operations, US Dept. of Health and Human Services, 200 Independence Ave SW, Room 509F HHH Bldg., Washington DC 20201.

! We cannot, and will not, require you to waive the right to file a complaint with the US Department of Health and Human Services as a condition of receiving treatment from the office.

! We cannot, and will not, retaliate against you for filing a complaint with the US Department of Health and Human Services.

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on Oct 21, 2016

Integrative Developmental and Behavioral Pediatrics, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI maintained and will provide you with a revised notice upon request if changes are made.