

## Southern Indiana Pediatrics, LLC

350 S. Landmark Avenue • Bloomington, IN 47403 • (812) 335-2434  
651 S. Clarizz Boulevard • Bloomington, IN 47401 • (812) 333-2304  
1614 25<sup>th</sup> Street • Bedford, IN 47421 • (812) 277-0118

### Notice of Privacy Practices

As required by the Privacy Regulations as a result of the Health Insurance Portability & Accountability Act of 1996 (HIPAA)

**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 Commitment to Your Privacy:

Southern Indiana Pediatrics, LLC is dedicated to maintaining the privacy of your (or your dependent(s)) health information. In conducting our business, we will create records regarding the treatment and services that we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also 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 health information. 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 understand that these laws are complicated, but we must provide you with the following important information:

- How we use and disclose your health information
- Your privacy rights in regard to your health information
- Our obligations concerning the use and disclosure of your health information

**The terms of this Notice apply to all records created or retained by our practice containing your health information. We reserve the right to revise or amend this Notice of Privacy Practices for all protected health information (PHI) we maintain. Our practice will post a copy of our current Notice in our offices in a visible location, and you may request a copy of our current Notice at any time.**

#### Understanding Your Health Record/Information:

Each time that you visit a hospital, physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan of care. This information often referred to as your health or medical record serves as a:

- Basis for planning care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were provided
- A tool in educating health professionals
- A data source for medical research
- An information source for public health officials charged with improving the health of the nation
- A data source for facility planning and marketing
- A tool we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosures to others

#### Your Health Information Rights:

Although your health information is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to (where indicated, written requests or requests for additional information should be directed to the Privacy Officer Designee at (812) 335-2434):

- **Request a restriction on certain uses and disclosures of your information** (as provided by 45 CFR 164.522). 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 information, you must make your request in writing. 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; and
  - To whom you want the limits to apply.
- **Obtain a paper copy of this Notice of Privacy Practices** upon request.
- **Inspect and copy your health record** (as provided for in 45 CFR 164.524) including patient medical records and billing records. You must submit your request in writing in order to inspect or obtain a copy of your information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request in limited circumstances; however, you may request a review of our denial.
- **Amend your health record** (as provided in 45 CFR 164.526) if you believe it is incorrect or incomplete, you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting the request in writing. Also, we may deny your request if you ask us to amend information that in our opinion is: (a) accurate and complete; (b) not part of the medical information kept by or for the practice; (c) not part of the information which you are permitted to inspect or copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- **Request communications of your health information by alternative means or at alternative locations** (as provided for in 45 CFR 164.522). For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.
- **Accounting of Disclosures** (as provided for in 45 CFR 164.528). All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your health information for non-treatment or operations purposes. Use of your information as part of routine patient care in our practice is not required to be documented. For example, the physician sharing information with the nurse; or the billing department using your information to file a claim. In order to obtain an accounting of disclosures you must submit your request in writing. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. **OVER**

- **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing except to the extent that action has already been taken in reliance on the authorization.
- **To file a complaint.** If you believe your privacy rights have been violated, you can file a complaint with our office or with the Secretary of Health and Human Services. To file a complaint with our office, contact our Chief Operating Officer at (812) 335-2442. All complaints must be made in writing. There will be no retaliation for filing a complaint.

### **For More Information:**

If you have any questions or would like additional information you may contact our Privacy Officer Designee at (812) 335-2434 for further information.

### **We May Use and Disclose Your Medical Information In The Following Ways:**

**The following categories describe different ways that we may use and disclose health information. Each category, along with examples, will be explained, however, not every use and disclosure will be described.**

**For Treatment:** We may use your health information for treatment. For example, information obtained by a nurse, physician or other health care provider will be recorded in your record and used to determine the course of treatment that should work best for you as well as serve as a communication tool among the various health care providers to assist in providing you with the best possible care. We may ask you to have laboratory tests (such as blood or urine tests) and use the results to reach a diagnosis. We might use your health information to write a prescription for you or we might disclose your health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice, including but not limited to, our doctors and nurses, may disclose your health information, including copies of records and various reports, in order to treat you or to assist others in your treatment such as referring physicians and subsequent health care providers. We may disclose your health information to others who may assist in your care, such as parents and guardians.

**For Payment:** We may use and disclose your health information for payment. For example, a bill may be sent to you (or the person responsible for payment) or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may contact your health insurer to certify that you are eligible for benefits and may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

**For Health Care Operations:** We may use and disclose your health information for regular health care operations. For example, our practice may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

**For Appointment Reminders/Marketing/Notification:** We may use your health information to contact you as a reminder that you have an appointment or missed an appointment or for other health related benefits and services that may be of interest to you. We may call out your name when you are in the office to take you back to a room for your exam or if we need to speak with you to obtain additional information.

**Business Associates:** There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do and bill your third party payer for services rendered. For example, we may submit your health information to a health care clearinghouse that translates a health care claim into a standard format and forwards the processed transaction to a payer on behalf of the health care provider. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Communication with Family/Friends:** We may use or disclose your health information to notify or assist in notifying a guardian, family member, personal representative, or another person responsible for your care, your location and general condition. Health professionals using their best judgment 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 payment related to your care. For example, a parent may ask a babysitter to bring their child to our office for treatment of an illness. In this case, the babysitter may have access to this child's medical information.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. Examples of such activities may include inspections, audits and surveys for participation in health care programs or plans.

**Research:** We may disclose health 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 health information.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers' Compensation:** We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As authorized by law, we may disclose your health information to public health entities, schools, child care facilities or providers or legal authorities, charged with preventing or controlling disease, injury or disability. For example, we may disclose your immunization history to your school or child care provider for the purpose of determining immunization status; certain communicable diseases may be reported to the state as required by law by either our office or the laboratory performing the test. We may disclose your health information to the County Health Department officials in the case of animal bites, and to Child Protective Services or other authorized personnel in the event of suspected or confirmed child abuse or neglect.

**Correctional Institution:** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or agents thereof, your health information necessary for your health, and the health and safety of other individuals.

**Lawsuits and Similar Proceedings:** Our practice may disclose your health information in response to a valid subpoena, court or administrative order, if you are involved in a lawsuit or similar proceeding.

**Law Enforcement:** We may disclose your health information for law enforcement purposes as required by federal, state or local law or if requested by a law enforcement official. Examples of such disclosures may include a response to a warrant, summons, court order, subpoena or similar legal process, to identify or locate a suspect, material witness, fugitive or missing person, regarding criminal conduct at our offices or in an emergency to report a crime.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact our Privacy Office Designee at (812) 335-2434 for further information.