

## **NORTH SHORE PEDIATRICS, P.C. NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical and health information about your child may be used and disclosed. It also describes how you and your child may obtain access to this information.**

**If you have any questions about this notice, please direct them to David L. Smith, Practice Manager.**

**The effective date of this privacy notice is September 15, 2006.**

At North Shore Pediatrics, P.C., we respect the privacy and confidentiality of our patient's health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose such medical and health information and how you and your child may obtain access to this information. This Notice applies to uses and disclosures we may make of all health information, whether created or received, by us.

### **I. Our Responsibilities To You and Your Child**

We are required, by law, to:

1. Maintain the privacy of your child's health information and to provide you/your child with notice of our legal duties and privacy practices.
2. Comply with the terms of our Notice currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you/your child by posting it on the bulletin board in the waiting room.

### **II. How We Will Use And Disclose Your Child's Health Information For Treatment, Payment and Health Care Operations**

We may use and disclose your child's health information for purposes of treatment, payment and health care operations as described below.

1. **For Treatment:** We may use and disclose your child's health information to provide you/your child with treatment and services and to coordinate your child's continuing care. Your child's health information may be used by doctors and nurses as well as by dietitians or other personnel involved in your child's care, both within our office and with other health care providers involved in your child's care. We may also disclose your child's health information to facilities that will be involved in your child's care after your child leaves North Shore Pediatrics, P.C.
2. **For Payment:** We may use and disclose your child's health information so that we can bill and receive payment for the treatment and services your child receives. For billing and payment purposes, we may disclose your child's health information to insurance or managed care company.
3. **For Health Care Operations:** We may use and disclose your child's health information as necessary for our internal operations, such as for general administrative activities and to monitor the quality of care your child receives with us. Health information may be used to evaluate our employees and review the qualifications and practices of doctors and other practitioners at North Shore Pediatrics, P.C.

### **III. Other Uses and Disclosures We May Make Without Your/Your Child's Written Authorization**

Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written authorization from you or your child.

1. **As Required By Law:** We may disclose your child's health information when required to do so by law.
2. **North Shore Pediatrics, P.C. Patient Registration:** Unless you/your child objects, we may use and disclose certain limited information about you/your child in our patient registration directory while your child is a patient. Our patient registration directory does not include specific medical information about your child.
3. **Persons Involved in Your Child's Care or Payment for Your Child's Care:** Unless you/your child objects, we may disclose health information about your child to a family member, close personal friend or other person you/your child identifies who is involved in your child's care. These

disclosures are limited to information relevant to the person's involvement in your child's care or in arranging payment for your child's care.

4. **Public Health Activities:** We may disclose your child's health information for public health activities.
5. **Reporting Victims of Abuse, Neglect or Domestic Violence:** If we believe that you/your child has been a victim of abuse, neglect or domestic violence, we may use and disclose you/your child's health information to notify a government authority, as required by law.
6. **Health Oversight Activities:** We may disclose your child's health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include audits, investigations, inspections, and licensure actions.
7. **Judicial and Administrative Proceedings:** We may disclose your child's health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
8. **Law Enforcement:** We may disclose your child's health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths or to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
9. **Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations:** We may release your child's health information to a coroner, medical examiner, funeral director and if you/your child is an organ donor, to an organization involved in the donation of organs and tissue.
10. **Research:** Your child's health information may be used for research purposes, but only if (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Rule; (2) the researcher is collecting information for research purpose; (3) the research occurs after your child's death; or (4) if you give written authorization for the use or disclosure.
11. **To Advert a Serious Threat to Health or Safety:** When necessary to prevent serious threat to your child's health or safety or the health or safety of the

public or another person, we may use or disclose your child's health information to someone able to help lessen or prevent the threatened harm.

12. **Military and Veterans:** If you are a member of the Armed Services, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about your child if your child is a member of a foreign military as required by the appropriate foreign military authorities.
13. **National Security and Intelligence Activities –Protective Services for the President and Others:** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct special investigations.
14. **Inmates/Law Enforcement Custody:** If you/your child is an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your/your child's health information to the institution or official for certain purposes including your/your child's own health and safety as well as that of others.
15. **Worker's Compensation:** We may use or disclose your/your child's health information to comply with laws relating to worker's compensation or similar programs.
16. **Disaster Relief:** We may disclose health information about you/your child to an organization assisting in a disaster relief effort.
17. **Appointment Reminders:** We may use or disclose health information to remind you/your child about appointments.
18. **Treatment Alternatives and Health-Related Benefits and Services:** We may use or disclose your/your child's health information to inform you/your child about treatment alternatives and health-related benefits and services that may be of interest to you/your child.
19. **Business Associates:** We may disclose your health information to our business associates under a Business Associate Agreement.

#### IV. **Your Written Authorization is Required For All Other Uses or Disclosures of Your Health Information**

1. We will obtain your written authorization (an "Authorization") prior to making any use or disclosure other than those described above.

2. A written authorization is designed to inform you/your child of a specific use or disclosure, other than those set forth above, that we plan to make of your child's health information. The authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written authorization will also specify the name of the person to whom we are disclosing the health information. The authorization will also contain an expiration date or event.
3. You/your child may revoke a written authorization previously given by you/your child at any time but you/your child must do so in writing. If you/your child revokes such authorization, we will no longer use or disclose your/your child's health information for the purposes specified in that authorization except where we have already taken action in reliance on your authorization.

V. **Your/Your Child's Rights Regarding Your/Your Child's Health Information**

You/Your Child have the following rights regarding your health information;

1. **Right to Request Restrictions:** You/your child has the right to request that we restrict the way we use or disclose your/your child's health information for treatment, payment or health care operations, however, we are required to agree to the restriction. If we do agree to the restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your child's treatment.
2. **Right to Request Confidential Communication:** You/your child have the right to request that we communicate with you/your child concerning your child's health matters in a certain manner or at a certain location. For example, you/your child can request that we contact you/your child only at a certain telephone number. We will accommodate you/your child's reasonable requests.
3. **Right of Access to Personal Health Information:** You/your child have the right to inspect, and upon written request, obtain a copy of you child's health information except under certain limited circumstances. Under Massachusetts law, if North Shore Pediatrics, P.C. makes a copy of your child's medical record, we can charge up to 25 cents per page, reasonable postage and/or document retrieval fees.

We may deny your request to inspect or receive copies in certain limited circumstances. If you/your child is denied access to health information, in some cases you/your child will have the right to request a review of the denial. The review would be performed by a licensed health care professional designated by North Shore Pediatrics, P.C. who did not participate in the decision to deny access.

4. **Right to Request Amendment:** You have the right to request that we amend your/your child's health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you have a right of access; or (d) is already accurate and complete, as determined by us. If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain that you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.
5. **Right to an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosure of your/your child's health information. This is a listing of disclosures made by us or by others on your/your child's behalf, but does not include disclosures for treatment, payment and health care operations.

You must submit your request in writing and you must state the time period for which you would like an accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs for completing the accounting.

6. **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time. In addition, you may obtain a copy of this notice at our website, [www.northshoreped.com](http://www.northshoreped.com).

## **VI. Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.

1. **Psychiatric Information:** We will not disclose records relating to a diagnosis or treatment of your child's mental condition between the patient

and psychiatrist or which are prepared at a mental health facility without specific written authorization or as required or permitted by law.

2. **HIV-Related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state federal law, without your specific written authorization. A general authorization for release of medical or other information will not be sufficient for the purpose of releasing HIV-related information. As required by Massachusetts law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.
3. **Substance Abuse Treatment:** If your child is treated in a specialized substance abuse program, information which could identify you/your child as an alcohol or drug-dependant patient will not be disclosed without your specific authorization except for purposes of treatment or payment or where specifically required or allowed under state or federal law.

## **VII. Complaints**

1. If you/your child believe that you/your child's privacy rights have been violated, you/your child may file a complaint in writing with us or with the Office of Civil Rights.
  - i. To file a complaint with North Shore Pediatrics, P.C. you/your child should contact: David L. Smith, Practice Manager, or Thomas M. Seman, MD at 85 Herrick Street, The Lynch Building, Beverly, Massachusetts 01915, or by telephone at 978-921-2899.
  - ii. To file a complaint with the Office of Civil Rights, you/your child should contact: Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, and D.C. 20201.