

**Pediatric Care Unlimited, Inc.**  
**230 George Street, Suite 4**  
**Beckley, WV 25801**

**Notice of Privacy Practices**

Effective Date of this Notice: September 23, 2013

**This notice describes how your child's medical information as a patient of Pediatric Care Unlimited, Inc. may be used and disclosed and how you can get access to this information. Please review it carefully.**

The privacy of your child's medical information is important to us. You may be aware the U.S. government regulators established a privacy rule, the Health Insurance, Portability and Accountability Act (HIPAA) governing protected health information (PHI). PHI includes individually identifiable health information including demographic information and relates to your child's past, present, or future physical and mental health condition and related health care services. This notice tells you about how your child's PHI may be used, and about certain rights that you have.

**Use and Disclosure of Protected Health Information**

Federal law provides that we may use your child's PHI for his/her treatment without further specific notice to you, or written authorization by you. For example, we may provide laboratory or test data to a specialist.

Federal law provides that we may use your child's medical information to obtain payment for our services without further specific notice to you, or written authorization by you. For example, under a health plan, we are required to provide the health insurance company with a diagnosis code for your child's visit and a description of the services rendered.

Federal law provides that we may use your child's medical information for health care operations without further specific notice to you, or written authorization by you. For example, we may use the information to evaluate the quality of care your child received from us, or to conduct cost-management and business planning activities for our practice.

We may use or disclose your child's medical information without further notice to you, or specific authorization by you, where:

1. Required by public health purposes
2. Required by law to report child abuse
3. Required by a health oversight agency for oversight activities authorized by law, such as the Department of Health
4. Required by law in judicial or administrative proceedings
5. Required for law enforcement purposes by a law enforcement official
6. Required by a coroner or medical examiner
7. Permitted by law to a funeral director
8. Permitted by law for organ donation purposes
9. Permitted by law to avert a serious threat to health or safety
10. Permitted by law and required by military authorities if you are a member of the armed forces of the United States
11. Required for national security, as authorized by law
12. Required by correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official
13. Otherwise required or permitted by law

Certain types of uses and disclosures of PHI require authorization. These include:

1. Uses and disclosures of psychotherapy notes
2. Uses and disclosures of PHI for marketing purposes

### 3. Disclosures that constitute the sale of PHI

Other uses and disclosures not described in this Notice of Privacy Practices will be made only with an individual's authorization.

#### **Minors**

For divorced or separated parents, each parent has equal access to health information about their unemancipated child, unless there is a court order to the contrary that is known to us or unless it is a type of treatment or service where parental rights are restricted. We can release your child's medical information to a friend or family member that is involved in your child's medical care. For example, a babysitter or relative, who is asked by a parent or guardian to bring their child to our office, may have access to this child's medical information. We require written authorization from the parent or guardian for someone else to accompany the child.

#### **Rights That You Have**

Other uses or disclosures of your child's medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

You have the right to request restrictions on certain uses and disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to request confidential communications. You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location: for example, at home and not at work. These requests must be made in writing to our office and a form is available for this. Our practice will accommodate reasonable requests.

You have the right to inspect and obtain copies of your child's medical information. A reasonable fee will be charged for copies.

You have the right to request amendments to your child's medical information. Such requests must be in writing, and must state the reason for the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your child's medical information. This is a list of disclosures our practice has made of your child's health information. An accounting does not have to be made for disclosures we make to you, or as requested by your written authorization. All requests must state a time period, which may not be longer than three (3) years prior to the date of the request.

You have the right to restrict certain disclosures of PHI to a health plan for carrying out payment or health care operations, where you pay out of pocket in full for the health care item or service.

You have a right to, or will receive, notifications of breaches of your child's unsecured patient health information.

You have a right to receive a paper copy of our Notice of Privacy Practices. You have a right to receive electronic copies of health information.

#### **Obligations That We Have**

We are required by law to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all PHI we maintain. Any revised notice will be posted in our office, and copies will be available there.

We will inform you of our intentions to raise funds and your right to opt out of receiving such communications.

If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the United States Department of Health and Human Services' Office for Civil Rights (OCR).

#### **Organization Contact Information**

For any further questions, you may contact us at the address below:

Privacy Officer  
Pediatric Care Unlimited, Inc.  
230 George Street, Suite 4

Beckley, WV 25801  
304-252-9227