

Ballentine Pediatrics Notice of Privacy Practices

Effective July 2008
Revised 07/2015

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

The terms of this notice apply to all protected health information that is created or retained in our office. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records maintained in our office. A current copy of our Notice of Privacy Practices will be posted in our office in a visible area at all times, as well as on our website at www.ballentinepeds.com. You may request a current copy of our Notice at any time by contacting our office.

If you believe your privacy rights have been violated or if you have any questions or concerns about this notice, please contact us (all complaints must be submitted in writing):

- In writing - Ballentine Pediatrics Attn: Privacy Officer 11134 Broad River Road Suite D Irmo, SC 29063
- By Phone - (803) 732-0920

To contact The Office of Civil Rights:

- In writing to:
U.S. Department of Health and Human Services Office for Civil Rights Centralized Case Management Operations 200 Independence Ave., S.W. Suite 515F, HHH Building Washington, D.C. 20201
- By Phone: (800) 368-1019
- Fax: (202) 619-3818
- Email: ocrmail@hhs.gov
- TDD: (800) 537-7697

OUR OBLIGATIONS:

Ballentine Pediatrics is dedicated to maintaining the privacy of your Protected Health Information (PHI).

- We are required by law to maintain the confidentiality of health information that identifies you.
- We are required by law to provide you with the notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI.
- We are required by law to follow the terms of our Notice of Privacy Practices that is currently in effect.

WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

1. **For Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your PHI to someone outside our office, who is involved in your medical care and needs the information to provide you with medical care.
2. **For Payment.** We may use and disclose your PHI so that we or others may bill and receive payment from you, an insurance company or a 3rd party for the treatment and services you received. For example, we may give your insurance information to an outside lab vendor for services you are receiving in our office.
3. **For Healthcare Operations.** We may use and disclose, as needed, your PHI to operate our business. These activities include, but are not limited to, evaluation of the quality of care you received from us, training of students, licensing, and to conduct cost-management and business planning activities for our practice. For example, we may disclose your protected health information to medical school students, nurse practitioner students, or physician assistant students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your provider is ready to see you.
4. **For Appointment Reminders.** We may use and disclose your PHI to contact you and remind you of an appointment.

5. **For Individuals involved in your care.** We may use and disclose your PHI with a person who is involved in your medical care or payment for your care, such as a family member or close friend. We may also notify your family member, close friend or a disaster relief organization (such as the Red Cross) about your general condition or location if we need to notify someone about your condition or location.
6. **For Research.** We may use and disclose your PHI for research, under certain circumstances. For example, we may disclose your protected health information for a research project which may involve comparing different treatment plans for patients with the same condition. We will obtain your written authorization to use your PHI for research purposes except when : (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (1) the information being sought is necessary for the research study; (2) the use or disclosure of your PHI is being used only for the research and (3) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

USE AND DISCLOSURE OF YOUR PHI IN CERTAIN OR SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **For Disclosures Required By Law.** We will use and disclose your PHI when we are required to do so by federal, state or local law.
2. **For Data Breach Notification Purposes.** We may use or disclose your PHI to provide you with notification of unauthorized access or use of you PHI.
3. **For Business Associates.** We may disclose your PHI to our business associates that performs services and functions on our behalf, if your PHI is necessary for such services and functions. (For example, we may use another company to do out medical billing.) All of our business associates are required to protect your PHI and are not allowed to use or disclose your PHI in any manner other than to perform services and functions on our behalf.
4. **For Public Health Risks.** We may disclose your PHI to public health authorities that are authorized by law to collect information.
5. **For Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director as necessary for their duties. (For example, PHI may be released to a coroner to help determine cause of death.)
6. **For Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.
7. **For Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These situations include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions.
8. **For Lawsuits and Similar Proceedings.** If you are involved in a lawsuit or similar proceeding, we may use and disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
9. **For Law Enforcement.** We may release PHI if: asked to do so by a law enforcement official regarding a crime, a crime victim or concerning a death we believe has resulted from criminal conduct.
10. **For Military and Veterans.** If you are a member of the armed forces (local or foreign), we may release PHI as required by local or foreign military authorities.
11. **For Deceased Patients.** We may release PHI to a medical examiner, coroner, and funeral director or to an organization that helps with organ, eye and tissue transplants, in order to perform their jobs.

- 12. For Serious Threats to Health or Safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of an individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 13. For National Security and Protective Services for the President and Others.** We may disclose your PHI to federal officials for national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 14. For Inmates or Individuals in Custody.** We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding the PHI that we maintain about you:

- 1. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical related issues in a particular manner or at a certain location. For example, you may ask that we only contact you at home, rather than work. To request confidential communications, you must make a written request to Ballentine Pediatrics 11134 Broad River Road Suite D Irmo, SC 29063. Your request must specify how and/or where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- 2. Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we 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 PHI, you must make your request in writing to Ballentine Pediatrics 11134 Broad River Road Suite D Irmo, SC 29063. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
- 3. Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your care or payment for your care, including patient medical records and billing records, but not including psychotherapy notes. In order to inspect and/or obtain a copy of your PHI, you must submit your request in writing to Ballentine Pediatrics 11134 Broad River Road Suite D Irmo, SC 29063. We have up to 30 days to make the requested Information available to you and we may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request.
- 4. Right to Request Amendments.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. Your request for an amendment must be made in writing and submitted to Ballentine Pediatrics Attn: Privacy Officer 11134 Broad River Road Suite D Irmo, SC 29063. Your request must include a reason that supports your request for amendment. We will deny your request if you fail to submit your request in writing. We may also deny your request if you ask us to amend information that is, in our opinion, accurate and complete, not part of the PHI kept by or for the practice, or not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. Right to an Accounting of Disclosures.** You have the right to request a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your Individually Identifiable Health Information (IHI) as part of the routine patient care in our practice is not

required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Ballentine Pediatrics Attn: Privacy Officer 11134 Broad River Road Suite D Irmo SC 29063. 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 before April 14, 2003.

We may charge you if 2 or more requests are made within the same 12-month period. We will notify you in advance of the costs involved with additional requests and you will have the option to cancel your request without incurring any fees.

6. **Right to receive notification of a Breach.** You have the right to be notified if a breach of your PHI occurs.
7. **Right to an Electronic Copy of Medical Records.** You have the right to request an electronic copy of your medical records be forwarded to you or to another individual or entity. If we are unable to produce PHI in the format you request, your record will be provided in either our standard electronic format or hard copy form. You must submit your request in writing to Ballentine Pediatrics Attn: Privacy Officer 11134 Broad River Road Suite D Irmo SC 29063.
8. **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of our notice of privacy practices. You may request a copy of this notice at any time. To obtain a paper copy of this notice you may call (803) 732-0920 or submit a written request to Ballentine Pediatrics 11134 Broad River Road Suite D Irmo SC 29063.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Ballentine Pediatrics Attn: Privacy Officer 11134 Broad River Road Suite D Irmo SC 29063. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
10. **Right to Provide an Authorization for Other Uses and Disclosures.** We 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 your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.