

## *Village Pointe Pediatrics*

### **NOTICE OF PRIVACY PRACTICES**

#### **How Your Medical Information Is Used**

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.

#### **Understanding Your Health Information**

Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination, test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

#### **Our Responsibilities**

We are required by law to:

- Maintain the privacy of your health information during your lifetime and for 50 years following your death.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.
- Notify you following a breach of unsecured protected health information in the event you are affected.

We will not use or disclose your health information without your authorization, except as described in this Notice.

#### **Uses and Disclosures Without Your Written Authorization**

*We may use and disclose your health information without your written authorization for Treatment, Payment and Health Care Operations.*

#### **We will use and disclose your health information for treatment purposes**

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him/her in treating you in the future. ***Village Pointe Pediatrics*** may share health information about you to others in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care.

**We will use and disclose your health information for payment purposes**

For example: A bill may be sent to you 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 also may tell your health plan carrier about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may disclose health information about you to other qualified parties for their payment purposes. For example: we may provide your information to a physician who is not on our medical staff so that the physician may bill you or your insurer for the services you received from that physician.

**We will use and disclose your health information for health care operations**

*Village Pointe Pediatrics* may use and disclose health information about you for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example: we may use your health information to review our treatment and services and to evaluate our performance in caring for you. We may combine health information about some or all of our patients to decide what additional services we should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We also may disclose your health information to certain other individuals and organizations, including physicians, hospitals and health plans, to assist with certain other individuals and organizations. Except for those individuals and organizations described in the section of this Notice entitled "Who Will Follow This Notice," these individuals and organizations either have or had in the past a relationship with you.

The information we disclose about you will relate to this relationship. For example, we may disclose your health information to a hospital that is not affiliated with *Village Pointe Pediatrics* if that hospital has treated you in the past, the information we disclose relates to that relationship, and the hospital intends to use your information for its quality assurance and improvement activities. Similarly, we may share your health information with your health plan for quality assurance and improvement purposes. These are but some of the various permissible uses and disclosures *Village Pointe Pediatrics* may engage in as part of routine health care operations.

**Health Information Exchange**

We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

**Other Uses and Disclosure of your health information without your written authorization****Notification**

We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

**Communication With Family and Others**

We may use or disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

**Business Associates**

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

**Appointment Reminders**

We may contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives**

We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Public Health**

We may disclose health information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of abuse or neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Workers' Compensation**

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

**Law Enforcement**

We may disclose your health information for law enforcement purposes:

- At the request of a law enforcement official and in response to a subpoena, court order, investigative demand or other lawful purposes;
- If we believe it is evidence of criminal conduct occurring on our premises;
- If you are a victim of crime and we obtain your agreement, or under certain circumstances, if we are unable to obtain your agreement;
- To identify or locate a suspect, fugitive, material witness or missing person;
- To alert authorities that a death may be the result of criminal conduct;
- To report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

**Health Oversight Activities**

We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are

necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### **Threats to Health or Safety**

Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person that is reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

### **Specialize Government Functions**

We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

### **As Required by Law**

We will use or disclose your health information as required by federal, State or local law.

### **Lawsuit and Administrative Proceedings**

We may release your health information in response to a court or administration order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Incidental Uses and Disclosures**

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

## **Uses and Disclosures That Require Your Written Authorization**

The following uses and disclosures will only be made with your written authorization:

- Uses and disclosures not listed above as permitted without your written authorization;
- most uses and disclosures of psychotherapy notes;
- uses and disclosures for our marketing purposes; and
- disclosures that constitute a sale of your health information.

Your authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

## ***Your Health Information Rights***

You have the following rights regarding your health information:

### ***Right to Inspect and Copy***

You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to *Village Pointe Pediatrics*. Contact the office listed on your billing statement to

request a copy of your billing record. If you ask for a copy of your records, we may charge you a copy fee plus postage. If we maintain an electronic health record about you; you have the right to request your copy in electronic format.

***Right to Request Amendment***

You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to *Village Pointe Pediatrics Attn: Administrator* . We may deny your request, and will notify you of our decision in writing.

***Right to an Accounting of Disclosures***

You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to *Village Pointe Pediatrics Attn: Administrator*. Your request must state a time period that may not be longer than six years.

***Right to Request Restrictions***

You may request restrictions on how your health information is used for treatment, payment or health care operations or disclosed to certain family members or others who are involved in your care. ***Village Pointe Pediatrics is not required to agree to your request.*** If we agree to a voluntary restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

We are required to agree to your request that we not disclose certain health information to your health plan for payment for health care operations purposes, if you pay in full for all expenses related to that service prior to the request and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

To request a restriction, you must send a written request *Village Pointe Pediatrics Attn: Administrator* specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

***Right to Request Private Communications***

You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration staff and explain how or where you wish to be contacted.

***Right to a Payer Copy of this Notice***

You may request an additional paper copy of this Notice at any time from any patient registration area.

***Changes to this Notice***

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in patient registration areas and on our website.

***For More Information or to Report a Problem***

If you have questions or would like additional information, you may contact the Administrator at the contact number below. If you believe your privacy rights have been violated, you may file a complaint with the *Administrator* or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**You may contact Administration at:**

18018 Burke St Omaha, NE 68022

Phone 402-573-7337

Hours M-F 9am-5pm

**You may contact Medical Records at:**

18018 Burke St Omaha, NE 68022

Phone 402-573-7337

Fax 402-614-2314

Hours M-F 9am-5pm