

Maumee Pediatric Associates
Notice of Privacy Practices

This notice describes how medical information about you and your child may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer, Molly Durst.

This notice of Privacy Practices describes how we may use and disclose protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control our child's PHI. "Protected Health Information" is information about your child, including demographic information that may identify your child. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by your physician's office to sign a consent form. Once you have signed the consent form our physicians will use or disclose your child's PHI as described:

Treatment: We will use and disclose PHI to provide, coordinate, or manage your child's health care and any related services. This includes disclosure to other physicians who may be treating your child, to home health agencies, to laboratories or radiological facilities, to hospitals or to other health care facilities involved in treating your child.

Payment: PHI will be used, as needed, to obtain payment for health care services.

Healthcare Operations: We may use or disclose, as needed, PHI in order to support the business activities of this practice. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your child's name and indicate your child's physician. We may call your child by name in the waiting room. We may contact you to remind you of your child's appointment. We may call home and leave messages regarding test results.

With your consent, we will share your child's PHI with schools or daycares specified by you via phone or fax.

We will share your child's PHI with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. We will have a written contract that contains terms that will protect your child's privacy.

You may revoke this authorization, at any time, in writing, except to the extent that your child's physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

If there is a breach of your child's PHI you will be notified of such breach, unless, after completing a risk analysis, it is determined by our physicians that there is a "low probability of PHI compromise."

Others Involved in Your Healthcare: We may disclose to a member of your family, a relative or any other person you identify, your child's PHI that directly relates to that person's involvement in your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care of your location, general condition or death.

Emergencies: We may use or disclose PHI in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose PHI in the following situations without your consent or authorization:

Required By Law: The use or disclosure of PHI will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. These may include public health, communicable diseases, abuse or neglect, Food and Drug Administration, legal proceedings, law enforcement, coroners or funeral directors, and the military.

Workers' Compensation: Health information may be disclosed, as authorized, to comply with workers' compensation laws and other similar legally established programs.

Your Rights

Following is a statement of your rights with respect to PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your child's PHI. This means you may inspect and obtain a copy of PHI about your child that is contained in a designated record set, including medical and billing records, for as long as we maintain the protected health information. Under federal law, however, **you may not** inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your child's PHI. You may ask us not to use or disclose any part of your child's PHI for the purposes of treatment, payment or healthcare operations. Your request must be made in writing and state the specific restriction requested and to whom you want the restriction to apply. If the request is made, we may not use or disclose your child's PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your child's physician.

You may have the right to have your child's physician amend your child's PHI. You may request an amendment of PHI about your child in a designated record set for as long as we maintain this information. We may deny your request. If so, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your child's medical record.

You have the right to receive an accounting of certain disclosures we have made of your child's PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family or members or others involved in your child's care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by our office. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Phaedra Schwartz, at 419-893-1880 for further information about the complaint process.