

**HIPAA**  
**Health Insurance Portability and Accountability Act (1996) (H I P A A)**  
**Notice of Privacy Practices**  
**Effective: October 1, 2013 Revised: July 6, 2016**

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. You will be asked to sign and date an Acknowledgement of Receipt. You may request a copy of our notice at any time. Please direct questions about this notice to the Hales Pediatrics Privacy Officer at (504) 897-0744, 3525 Prytania Street, Suite 602, NO, LA 70115.

**PURPOSE OF THIS NOTICE**

We are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide patients with notice of our legal duties and privacy practices with respect to PHI. Accordingly, Hales Pediatrics respects the privacy of our patients and understands the importance of keeping patients' PHI secure, confidential, and private. HIPAA requires us to provide our patients' parents or guardians with written notice of how we may use and disclose PHI and how we will safeguard PHI records. This notice describes your rights, as well as obligations that Hales Pediatrics has regarding the use and disclosure of PHI.

**TYPES OF PROTECTED HEALTH INFORMATION WE COLLECT**

Each time you visit Hales Pediatrics our physicians and staff make a record of your visit. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment(including a plan for future care or treatment), and the like. This PHI is often referred to as your medical record or chart, and it serves as a basis for planning your care and treatment.

This PHI may also include school or camp forms, authorizations, correspondence, health insurance forms, and billing information, as well as identifying information for both our patients and their parents or guardians. Identifying information includes name, date of birth, sex, social security number, geographic address, and any phone and fax numbers. We may record and document our patients' growth, development, and treatment information along with diagnoses and other health findings. These records may also include reports, test results, and correspondence from consultations at other medical facilities.

As required by law, we retain this information for a minimum of 6 years. We limit the collection of PHI to that which is necessary to provide quality medical healthcare, and for insurance and reimbursement purposes.

**HOW WE PROTECT PHI**

We protect PHI securely and confidentially. We only grant access to PHI to those persons who need to know such information in order to effectively provide treatment and, within the workings of our healthcare operations, to provide required documentation for reimbursement and insurance purposes. Our medical charts are secured within our office. Each Hales Pediatrics employee must sign a Confidentiality Statement ensuring that they understand their responsibilities and the importance of complying with our policies designed to protect your privacy. We meet strict physical, electronic, fax, phone, and computer security standards. We further maintain internal procedures to assure the privacy, integrity, and accuracy of our patients' PHI.

**DISCLOSURE AND USES OF PHI FOR THE FOLLOWING PURPOSES:**

**Treatment**

We may use or disclose any of your PHI for the purposes of treatment, reimbursement documentation, and healthcare operations. Our doctors may use this information to treat our patients. This may include sharing PHI with different personnel within Hales Pediatrics involved in coordinating patient medical care and treatment. In addition, a hospital or another specialist generally needs to know why we are sending a patient to them.

Accordingly, our doctors may provide PHI in consultation with other doctors, specialists, hospitals, laboratories, facilities, counselors, agencies, and diagnostic companies outside of our practice to which we may refer the patient for more specialized medical care so that they may assist us in treating our patients.

#### Payment

As a courtesy to you, we will bill our patients' HMO or PPO plan or guarantor for the medical services we have provided. We may disclose PHI in billing because the payers require diagnosis and procedure codes before they will pay your medical bill. However, we may disclose our patients' PHI with affiliates such as health insurance companies with whom we are contracted for industry-standard health plan assessments (e.g., HEDIS studies), for licensure, and for audits.

#### Healthcare Operations & Special Situations

Because our patients range in age from birth up to adult, we may use and disclose PHI to their parent or guardian, or the person acting in authority on behalf of the minor child entrusted with their care. We may contact the patient, parent, or guardian by using the phone number you provided to relay time sensitive health-related information such as appointment reminders, referrals to other specialists, medical equipment or medication changes.

We follow all government regulations, some of which allow the use and disclosure of PHI without an express authorization. These regulations allow Hales Pediatrics to use and disclose PHI in the event of serious situations such as a public health risk, to prevent or lessen a serious imminent threat to the health or safety of the patient or the public, and for disaster relief efforts. We may disclose PHI to public authorities as allowed by law to report suspect cases of child abuse or neglect. Our physicians may exercise professional judgment in making a disclosure of PHI if it is considered necessary to prevent serious harm to the patient or another potential victim.

We may disclose PHI as allowed or required by law to agencies for the purposes of health oversight activities, investigations, judicial or administrative proceedings (i.e., to the coroner or medical examiner), inspections, licensers or disciplinary actions and for similar reasons related to the administration of healthcare as authorized by an administrative or court order, as in response to a subpoena, discovery request or other lawful process. We may also disclose PHI for peer review and operations assessment.

We do not disclose PHI to family, friends, or any other third party without the written authorization of the patient, or the patient's parent or guardian. With your specific written authorization, we may complete forms for schools, camps, sports, or special programs, which will be returned to you. Furthermore, although we do not generally engage in such practices, we must also obtain your written authorization in order to use or disclose PHI for marketing or fundraising purposes.

Any other uses and disclosures of PHI not covered by this notice will be made only with the written authorization of the patient, or the patient's parent or guardian, and we may disclose such PHI via copy, fax, or mail. We are further required to document and retain any written authorization for use or disclosure of PHI. However, you may revoke such authorization, but only if the revocation is (1) in writing and (2) only to the extent that we have not already taken action in reliance upon your written authorization. Our responsibilities also include providing you with notice of our privacy practices, following reasonable safeguards, and abiding by the terms of this notice.

#### INDIVIDUAL RIGHTS TO YOUR PHI

We have procedures for our patients and their parents or guardians to access, inspect, and/or copy the PHI we collect. We will make this information available to you upon written request. Inspections will occur here in our office, by appointment only, and will be supervised. You may address a request in writing to our office. If you wish a specific restriction on certain uses or disclosures of the patient's PHI, it must be in writing. You have the right to restrict certain disclosures of PHI to your health insurer or health plan if you or someone on your behalf pays out of pocket and in full for the health care item or service pertaining to the PHI for which the restriction is sought. You have the right to request amendment or correction to the patient's health care record by delivering a written request to our office; however, our physicians are not required to make such amendments. In any case, we are required by law to respond to an amendment request no later than sixty (60)

days after receipt of such request. You may file a statement of disagreement if your amendment is denied, and require that the request for amend-ment and any denial be attached in all future disclosures of your PHI.

You have the right to receive an accounting of the uses and disclosures of your PHI dating from six (6) years prior to the date on which the accounting is requested, after delivering a written request to our office. This accounting does not apply to internal uses of information.

Our goal is to keep patient information up-to-date. We have procedures in place to ensure the integrity of our information. We require annual completion of the Patient Information form and a new copy of your insurance card. We make changes of personal information such as a new address or phone number immediately as you notify us in writing, and correct any potential inaccuracies in our information. If you believe the PHI should be corrected, please let us know in writing by contacting our privacy officer here at Hales Pediatrics.

#### FURTHER INFORMATION

We reserve the right to amend our privacy policy from time to time and will revise this notice accordingly. Should we revise our notice, the revision will become available to you upon your request at your next office visit. You will be asked to sign an acknowledgement of receipt of the revised privacy notice.

#### POSTING OUR PRIVACY NOTICE

Our privacy notice is placed prominently in our reception area. It is also handed individually to each patient's parent or guardian at the first visit or upon request.

Additional copies of the notice are available for parents not present in the office who may also review and acknowledge receipt by return mail. Our privacy notice may be viewed online at [www.halespediatrics.com](http://www.halespediatrics.com).

#### FILING A COMPLAINT

If you have any questions, need further information, or want to file a written complaint regarding the handling of your PHI, please call Hales Pediatrics' privacy officer at 504-897-0744, or fax written comment or inquiry to 504-897-6262, or write to 3525 Prytania Street, Suite 602, New Orleans, LA 70115.

If you feel the patient's rights have been violated, you have the right to file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to them, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You do not have to waive your right to file a complaint for the patient to receive treatment. We will not retaliate or penalize a patient or parent for filing a complaint.