

**Manassas Pediatrics
9384A Forestwood Lane
Manassas, VA 20110**

Notice of Privacy Practices
Effective April 14, 2003

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.

The doctors and staff of Manassas Pediatrics understand that medical information about you is personal and protecting that information is important to us. This notice tells you the ways in which we may use and disclose your personal information and our obligations to keep your information private as required by law. This applies to all information whether in a written, spoken or electronic format. This notice also describes your privacy rights and our obligations concerning the use and disclosure of your information. We are legally required to provide you with a copy of this notice in accordance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. We are also required by law to abide by the terms of the notice currently in effect.

The content of this notice applies to all records containing your health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that we have created or maintained in the past or in the future. We will post a copy of the current Notice in our offices in a visible location and you may request a copy of the most current Notice at any time.

A. Uses and Disclosures of Individually Identifiable Health Information

Our office may use or disclose your Protected Health Information for the following purposes:

1. **Treatment:** Your health information may be used or released to other healthcare professionals to provide you with medical treatment or services. We may share information about you with other doctors including specialists whom we refer you to for treatment. We may also need to disclose health information about you when ordering lab work or X-rays. In such situations we will disclose only the “minimum necessary information” required for providing you with services. Additionally we

may disclose information to your insurance carrier in order to obtain prior authorization for services or referrals.

- 2. Payment:** Your health information may be used and disclosed by us in order to bill and collect payments from you, your insurance company or a third-party for services that we have provided you. We may also need to disclose health information to your insurance company to determine if they will cover, or pay for, your treatment. We may also disclose your individually identifiable health information to other health care providers and entities such as a hospital to assist in their billing and collection efforts.
- 3. Other Healthcare Operations:** Our practice may use and disclose your individually identifiable health information for our ongoing operations such as to evaluate quality of care or for business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders:** Our practice may use and disclose your individually identifiable health information to contact you and remind you of an appointment.
- 5. Special Situations:** In addition to the above there may be times when we may use or disclose your health information for the following reasons:
 - a. As required by law as in response to a subpoena issued by the court. In such a situation, every effort will be made to notify you if we receive a subpoena for your medical records.
 - b. When required by law to report certain cases of infectious disease for public health reasons to the local health department. We are also required by law to report suspected child abuse or neglect to the appropriate authorities. In these cases some protected health information may be used or disclosed.
 - c. Release of immunization information when required by law for purposes of audit by federal, state or local government or a health insurance plan.
 - d. Reporting of adverse reactions to medications or vaccines to the appropriate agencies.
 - e. When required by federal officials for intelligence or national security activities
- 6. Release of Information to Family/Friends/Caregivers:** In the case of an unemancipated minor, we will assume that both parents and or legal guardian or other person acting in loco parentis are the personal representatives of a minor child. All health information about a child will be released to that person(s). For other individuals such as other family members, friends or caregivers we will have you complete a release of information form on which you may specify who may receive information about you or your child. If an individual other than the parent

or legal guardian is present for an office visit along with a parent or legal guardian, it will be assumed that the parent or legal guardian gives consent for that individual to hear PHI disclosed during the visit.

In all the above situations, Manassas Pediatrics will follow a policy of “minimum necessary information” meaning that reasonable efforts will be made to limit protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.

B. Authorization for other uses and disclosures

Other uses and disclosures of your protected health information not covered by this notice or the applicable laws will be made only with your written authorization. We will provide you with an Authorization Form to be used for this purpose. You will be able to specify exactly what information is to be released and for what time period the authorization is to be in force. You have the right to revoke the authorization at any time; such revocation must be made in writing and will not apply to information already used or disclosed or information in the process of being disclosed.

C. Your Rights Regarding your IIII

- 1. Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than at work or on a cell phone. In order to request a type of confidential communication, you must make a written request to Manassas Pediatrics specifying the requested method of contact. You do not need to give a reason for your request. Our practice will accommodate reasonable requests.
- 2. Inspection and Copies.** You have a right to inspect and obtain copies of the IIII that may be used by Manassas Pediatrics including medical records and billing records (this does not include any psychotherapy notes). You must submit your request in writing and we may charge a fee for the cost of copying and/or mailing records. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
- 3. Amendments.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. An amendment must be requested in writing along with a reason that supports your request. We may deny your request if it does not include a reason to support the request or if the physician involved feels that the information is accurate and complete. We also cannot amend information created by another healthcare provider. Our physician will exercise professional judgment with regard to requests for amendments and is

not bound by law to make any changes to the information. If the physician agrees with the request to amend the information, we are bound by law to abide by the changes.

- 4. Requesting Restrictions.** You have the right to request restrictions on what Protected Health Information is released for purposes of treatment, payment or other healthcare operations although we have the right not to agree to such a request. If we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. Requests for restriction must be made in writing and include the following: the information you wish restricted,
- 5. Accounting of Disclosures.** You have a right to an “accounting of disclosures” which is a list of disclosures we have made of your medical information for reasons other than you treatment, payment or healthcare operations. To request this list which we are required to maintain, you must submit in writing the request and it must state a time period that may not be longer than six (6) years prior to the request date and may not include dates before April 14, 2003.
- 6. Complaints.** You have a right to file any complaint with our office or with the Secretary of the Department of Health and Human Services if you feel your privacy rights have been violated. All complaints to our office shall be in writing and addressed to our Privacy Officer, Dr. Anita Flower. All complaints will be investigated and you will not be penalized in any way for filing a complaint.

Our office will comply with State laws that allow a minor to receive treatment without parental consent. Once a minor reaches age of majority, that individual may control his or her health information in our records even if it was created when the patient was a minor. The patient may authorize release of information for purposes other than treatment, payment or other healthcare operations including whether a parent or other family member may receive disclosure of information.

In complying with the Privacy Standard, we have appointed a Privacy Officer, trained our Privacy Officer and the staff in the law, and implemented policies to protect your health information. This office continues to monitor and improve steps for the protection of your information and to remain in compliance with the law. If you have any questions regarding this notice or our health information privacy policies, please contact our office manager, Gloria Pino.

Manassas Pediatrics
Receipt of
Notice of Privacy Practices
Acknowledgement Form

I, _____, or the parent or legal guardian of _____, have received a copy of Manassas Pediatrics Notice of Privacy Practices which discusses how individually identifiable health information may be used and disclosed.

Patient: _____

Date: _____

Parent/Legal Guardian if
patient under 18 years of age _____

Office Staff Use

Signature by patient, parent or legal guardian was not obtained for the following reason:

_____ Treatment to patient was rendered under emergency circumstances. Notice of Privacy Practices will be given and signature obtained as soon as reasonably possible.

_____ Patient, parent or legal guardian refused to sign the acknowledgement above.