

Hartford Area Pediatrics, P.C.
43 West Main Street
Avon, CT 06001

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD
MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY

DEFINITIONS

"Us", "We", and "Our" refer to Hartford Area Pediatrics, P.C., including physicians and staff members serving as your health provider.

"You" refers to you our individual patients and/or their guardians or parents who have legal authority to render and receive health information and make decisions for health services.

"Protected Health Information" (PHI) means all medical records, personal information, and any other individually identifiable health information, whether used orally, on paper, or electronically.

"HIPAA" stands for The Health Insurance Portability & Accountability Act of 1996, a federal program that requires health providers to maintain the confidentiality of patients and regulates how PHI may be used and disclosed as of April, 2003.

OUR LEGAL REQUIREMENTS

We are required to give you this Notice, effective as of October 1, 2003, about our privacy practices and your legal rights concerning your PHI. We reserve the right to make changes to our privacy policies provided such changes are permitted by law and a new Notice is made available to you. You may request a copy of our Notice at any time. If you receive this Notice by electronic mail or on our web site, you are entitled to receive this Notice in written form. For more information, questions, or complaints please contact us as detailed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your PHI only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
- **Payment** means obtaining reimbursement for services, confirming coverage, billing, or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our practice such as conducting quality assessments, auditing functions, cost management analysis, and customer service.
- **Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders or information about treatment alternatives (via voicemail messages, postcards, letters or electronic mail).
- **Required by Law:** We may use and disclose your PHI when we are required to do so by law.
 - **Abuse or Neglect:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are the possible victim of abuse, neglect, or domestic violence. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
 - **National Security and Law Enforcement:** We may disclose to authorized federal officials health information required for lawful intelligence and other national security activities. We may disclose PHI to a correctional institution or law enforcement official having lawful custody of a patients PHI under certain circumstances.

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- **Your Authorization:** Any other uses and disclosures will be made only with your written authorization. You may give us written authorization to use your PHI or disclose it to anyone for any purpose. You may revoke such authorization in writing and we are required to honor and abide by that request, except to the extent that we have already taken actions relying on your prior authorization.
- **Authorization for Family, Friends and Childcare Individuals:** We must disclose your PHI to you as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your healthcare services or with payment for your healthcare services, BUT ONLY IF YOU AGREE IN WRITING THAT WE MAY DO SO. You may identify and authorize such individuals on the Acknowledgement of Privacy Practices form.
- **Emergency and Best Interest Situations:** We may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) a family member or other person responsible for your care, of your location, general condition or death. In the event of your incapacity or in emergency circumstances we will disclose pertinent health information using our professional judgment. We will also make reasonable inferences of your best interest in allowing an unauthorized person to pick up prescriptions, school forms, or other similar forms of health information.

PATIENT RIGHTS

- **Access to Your Health Information:** You have the right to obtain copies or look at your protected health information with limited exceptions. You or an authorized person must make a request in writing to obtain access to your PHI. You have the right to request that you receive your PHI from us by alternate means other than paper copies or at alternate locations. These requests will be honored unless we cannot practicably do so.
- **Restrictions to Your PHI:** You have the right to request additional restrictions on our use or disclosure of your PHI, including use or disclosures to family members, other relatives or any other person identified by you. We are not required to agree to these restrictions, however, if we do agree, we will abide by your request unless you agree in writing to remove it or an emergency necessitates its use.
- **Amendment of Your PHI:** You have the right to request that we amend your protected health information. This request must be in writing and explain why we should amend your PHI. We may deny your request under certain circumstances.
- **Disclosure Accounting:** You have the right to receive an accounting of all the disclosures of your PHI.
- **Notice of Privacy Practices:** You have a right to obtain a paper copy of this notice from us upon request. A version of this notice that has larger writing for ease of reading is available in our waiting room.

QUESTIONS AND COMPLAINTS

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or the Department of Health and Human Services addresses herein. We will not retaliate against you for filing a complaint. If you want more information or to file a complaint, contact:

Thomas B. Binder MD
43 West Main Street
Avon, CT 06001
(860) 678-9400

The U.S. Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington D.C. 20201
(202) 619-0257 or Toll Free 1-877-696-6775