

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Purohit Pediatric Clinic, LLC we are committed to maintaining the privacy of your health information. This Notice of Privacy Practices describes the personal information we collect from you, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 09/19/2013 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit us a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, medications, test results and a plan for future care. Understanding what is in your record and how your health information is used helps you to better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others. The information in your record provides:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights

Although your health record is the physical property of Practice, the information it contains belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request
- Request a copy of your health record (fees will apply)
- Request amendment to your health record
- Obtain an accounting of disclosures of your protected health information
- Request an access report for your EPHI
- Request communications of your health information by alternative means or at alternative locations
- Grant or deny permission to use PHI for certain purposes, such as marketing
- Request a restriction on certain uses and disclosures of your information. We are not required to agree to your request but if we do agree, then we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Please note that all requests must be complete and in writing. Please contact our office for the proper forms. Processing fees, copying fees and/or postage and delivery fees will apply as deemed by this office per Alabama law. Please contact our office for the fee structure.

Our Responsibilities

Practice is required by federal and state law to:

- Maintain the privacy and security of your protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and disclose about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations (fees may apply)

We reserve the right to change our policies and to make the new provisions effective for all protected health information we maintain or disclose. Should our information policies change, we will post a copy of the revised notice in our office. We will not use or disclose your health information without your authorization, except as described in this notice. We will also cease using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosures we make for Treatment, Payment and Health Operations

We will use your health information for treatment.

We will use and disclose the protected health information to provide you with medical treatment or services.

For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are or may be participating in your treatment, to pharmacists or pharmacy personnel who are filling your prescriptions and to family members, significant other, health aid (s) or surrogates who are helping with your care. In the event that you are incapacitated, we will use our best professional judgment to disclose only the necessary information. You may have the right to restrict some disclosures. Please talk to our Privacy Officer if you would like further information

We will use your health information for payment.

We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Self Pay: If you prefer to pay for your visit in full and restrict the disclosure of the information gathered in this visit, please notify us prior to the visit. This restriction and agreement must be in writing.

We will use your health information for regular healthcare operations.

Healthcare operations may include quality assessment, competency of staff reviews, accreditation, certification and credentialing activities. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Other Uses

We may use your information to contact you with appointment reminders via phone, fax, email, postcard or letter. Please notify us in writing of your preferences and let us know if you would like to opt out of these services.

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 associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require our business associate by written contract to appropriately safeguard your information.

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

Public health/National Security: As required by law, we may be required to disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability or terrorism.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

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

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We will obtain your authorization to participate in any research.

Funeral directors: We may report information regarding death to coroners, medical examiners, funeral directors and organ donation agencies consistent with applicable law to carry out their duties.

Fund raising: We may contact you as part of a fund-raising effort. Please notify our office if you wish to opt out.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Marketing: We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Please notify us in writing know if you would like to opt out of these services.

Serious Threat to Health or Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose information to correctional institutions or for national security purposes.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Please note that any uses and disclosures of your protected health information other than those permitted by the Privacy Rule, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information and other uses and disclosures not described in the NPP will be made only with your written authorization and you have the right to revoke an authorization at any time.

Breach Notification: We see it as our duty to notify you in a timely manner if we become or are made aware of a breach of your unsecured protected health information.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact our Privacy Officer at 256-741-9799.

If you believe your privacy rights have been violated, you can file a complaint with:

Cindy Palmer, Privacy Officer

Purohit Pediatric Clinic, LLC

516 Quintard Avenue

Anniston, AL 36201

If you feel that your privacy issue was not successfully resolved, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. We will provide you with the address upon request. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

I acknowledge receipt of this Notice of Privacy Practices.
