

HIPAA NOTICE OF PRIVACY PRACTICES

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

Our Commitment to Your Privacy:

At StoreySmith Pediatric Clinic (SSPC), we are committed to using and disclosing protected health information (PHI) about you responsibly, and in accordance with federal and state privacy laws. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

You have a right to receive a copy of this Notice. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law. We reserve the right to change this notice and to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility and on our website, and will have a copy available to you in the office or by mail at your request.

Most clients of SSPC are minors (i.e., individuals under the age of 18). Under state and federal law, in most cases the minor client's parent, guardian, or other legally authorized representative has the same rights as the minor client does with regard to health information about the minor client. The health information we refer to in this notice ("your information") is that of the minor client. For purposes of giving an authorization or making decisions about disclosures of the minor client's PHI and the rights associated with that information, "you" will refer to the parent, guardian, or other legal representative.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by our clinicians, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law. The following describes, and gives some examples, of the different ways that we may use or disclose your health information.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to your physicians to ensure that they have the information they need to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may give information to your health plan regarding the services you received from our facility so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to determine whether your health plan will cover the treatment.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of SSPC. These activities include, but are not limited to, quality assessment, employee review, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your clinician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses or Disclosures Permitted by Law: Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your PHI without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

Public health activities, such as to report suspected or actual abuse, neglect, or domestic violence involving a child or an adult; to report adverse reactions to medications or problems with health care products; to notify individuals of product recalls; to notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition;

Health oversight activities, such as audits, investigations, inspections, or licensure and certification surveys; Judicial or administrative proceedings. We may disclose your PHI pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.

Worker's Compensation

We may use or disclose your PHI to worker's compensation programs when your health condition arises out of a work-related illness or injury; disclosures to law enforcement officials, such as in response to a court order, subpoena, warrant, summons or similar lawful; if necessary to protect public health or welfare, regarding a victim of a crime; to report criminal conduct at our facility; and, in emergency situations, to report a crime; coroners, medical examiners, or funeral directors; organ procurement organizations or tissue banks; research; to avert a serious threat to health or safety.

Military and Veterans

We may use or disclose **PHI** as necessary to provide a brief confirmation of general health status as required by military command authorities; National security and intelligence activities.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your PHI to the correctional institution or to the law enforcement official as may be necessary to provide information about immunizations and/or a brief confirmation of general health status; and other uses or disclosures as required by federal, state or local law.

Substance Use Disorder (SUD) Records:

The confidentiality of substance use disorder patient records is protected by strict federal law and regulations (42 CFR Part 2). Generally, we may not disclose any information identifying a patient as having a substance use disorder unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. Information related to substance use disorder treatment cannot be used to criminally investigate or prosecute a patient.

Other Permitted and Required Uses and Disclosures: Other uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights:

The following are statements of your rights with respect to your protected health information.

You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your PHI for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization before its revocation.

You have the right to inspect and copy your protected health information (fees may apply). We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request

that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your clinician is not required to agree to your requested restriction. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

You have the right to request to receive confidential communications. You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

You have the right to request an amendment to your protected health information. We may deny your request for an amendment if it is not in writing. In addition, we may deny your request *if* you ask us to amend information that *is* not part of the PHI kept by or for our facility and/or information which you would be permitted to inspect and copy. If we deny your request for amendment, 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.

You have the right to receive an accounting of certain disclosures. You have the right to receive an accounting of all disclosures except for: disclosures pursuant to an authorization; disclosures for purposes of treatment, payment, healthcare operations; disclosures to a lawyer who is a business associate of SSPC; and disclosures that occurred more than six years prior to the date of the request. The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing, with StoreySmith Pediatric Clinic, 170 US Route 1, Falmouth, Maine 04105

You may also file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by sending DHHS an e-mail.

All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office at (207) 781-0022

You have the right to request that we restrict how protected information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke the consent in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. SSPC provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The participant understands that:

Protected health information may be disclosed or used for treatment, payment or health care operations.

SSPC has a Notice of Privacy Practices and the participant has the opportunity to review this notice.

SSPC reserves the right to change the Notice of Privacy Practices.

The participant has the right to request restrictions on the uses of his/her information, but SSPC does not have to agree to those restrictions.

The participant may revoke this consent in writing at any time and full disclosures will then cease.

SSPC may condition receipt of treatment upon the execution of this consent.

ACKNOWLEDGEMENT

Please sign and date:

I have received a copy of the Summary Notice of Privacy Practices. I understand that I may also request a copy of the practice's complete Notice of Privacy Practices if I so desire.

Patient's Name: _____

Patient's Signature (if 18+ years old): _____

Date: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Date: _____