

## **NOTICE OF PRIVACY POLICIES**

### **REDWOOD PEDIATRIC AND ADOLESCENT MEDICINE, LLC**

**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.**

#### **INTRODUCTION**

In our practice, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This notice is effective April 14, 2003, and applies to all protected PHI as defined by Federal regulations.

#### **UNDERSTANDING YOUR HEALTH RECORD INFORMATION**

Each time you visit the office, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care/treatment
- Means of communications among health professionals who care for you
- 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 in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this State and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your PHI is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make informed decisions when authorizing disclosure to others

#### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of this practice, the information belongs to you.

You have the right to:

- Obtain a paper copy of this notice upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524

- Amend your health record as provided in 45 CFR 154.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **OUR RESPONSIBILITIES**

This practice is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain 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

We reserve the right to change our practice and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you. We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Privacy Officer, Mary J. Delong, MM RHIA at 413/787-2555. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health & Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C., 20201

## **Examples of Disclosures for Treatment, Payment and Health Operations**

### ***We will use your health information for treatment***

**Example:** Your protected health information may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.

**Example:** Information obtained by our providers in this group practice, or other members of our health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Our doctors will document in your record their expectations of your care. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you for continuity of care.

### ***We will use your health information for payment***

**Example:** Your protected health information will be used as needed, to obtain payment for your health care services. A bill may be sent to your insurance company and the information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

### ***We will use your health information for regular health operations***

**Example:** We may call you by name in the waiting room when our physician is ready to see you. We may use or disclose your protected health information to contact you to remind you of your appointment. We may telephone you and may leave a message on your voice mail of your upcoming appointment.

**Business Associates:** There are some services that are contracted outside our practice including cleaning services, practice consultants, etc., where we would require them to sign a contract to keep all protected health information confidential.

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. We may disclose your PHI in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**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.

**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:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, as required by law.

**Other Uses/Disclosures made with your Written Authorization**

Such disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law.

We are required by law to maintain the privacy of your PHI and to provide you with a notice of your legal duties and privacy practices with regard to PHI.

**REDWOOD PEDIATRIC AND ADOLESCENT MEDICINE, LLC**  
**15 Vreeland Avenue**  
**East Longmeadow, MA 01028**  
**Tel: 413/787-2555**

