

**Old Harding Pediatric Associates
Notice of Privacy Practices**

Respecting the privacy of medical information is important to us. We understand that it is personal and we are committed to protecting it. Patient records are kept in order to provide quality care and to comply with legal requirements. Please review the following carefully. It explains how we may use and disclose patient information as well as inform you of the rights of the patient/guardian.

Effective Date: April 14, 2003/updated August 2010
Version: 2:0

Law Requires Us To:

1. Give you this notice
2. Follow the terms of this notice now in effect
3. Keep your medical information private and only disclose patient information based on federal regulations.

We Have The Right To:

1. Change our privacy practice and the terms of this notice at any time based on regulations.
2. These changes, when made, will be effective for all medical information we keep, including information we created before the changes.

**Notice of Change To
Privacy Practice:**

1. When making a change in our privacy practices, we will document the change in this privacy notice. The new notice will be posted and a copy is available to you upon request.

Use and Disclosure of Patient Medical Information

We will not release or disclose your information for any purpose that is not listed below unless we receive written authorization from parent or guardian. Any authorization given can be revoked at any time.

1. Treatment

We may use and disclose medical information about the patient to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, referral staff, or other people who are involved in taking

care of you or your service. This includes all other healthcare providers involved in your care.

Example: Your primary care physician is Dr. Smith, but Dr. Jones is on call. Dr. Jones and his staff need access to your information to treat you.

Example: You have an injured arm. Dr. Jones sends you to the emergency room. Referral staff needs your information to complete referral, the ER physician and staff requires your initial assessment by Dr. Jones and the ER pharmacy needs to know about allergies if giving any medications.

2. For Payment

We may use and disclose medical information about the patient for payment purposes.

Example: Your insurance company denies payment on a claim. We send them chart notes to support the charge. The insurance company reviews information and documentation and payment is made.

3. For Healthcare Operations:

We may use and disclose medical information about the patient for other healthcare operations such as: internal and external audits, training staff, evaluating employees and physicians and measuring quality.

Example: We wish to measure the quality of care you received from staff. To do this we must enter your chart and review documentation and appropriateness of treatment.

Additional Uses and Disclosures

1. Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care in the office or in regards to a referral outside the office. Appointment information can be left on answering machines, voicemail, or live person.
2. Test results: We may use and disclose information to contact you regarding the availability of test results.
3. Referring to names: We may use patient names in the waiting area, as well as throughout the office when required to identify a patient.
4. Government Functions: Due to some government requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
5. Court Orders and Judicial Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under most circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the

medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution.

6. **Public Health:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug administration (FDA) for purposes of reporting adverse events associated with product defects or problems. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
7. **Health Oversight:** We may disclose medical information to any agency providing health oversight for audits, civil, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities
8. **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that patient is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.
9. **Emergencies:** We may disclose medical information to others involved in emergency situations.

Required Authorizations

1. General request for patient medical information.
2. Request for medical information transfers out of our office. (Example: moving)
3. Psychotherapy notes.
4. Life insurance
5. Workman's Comp
6. Any other reason deemed necessary

To give authorization: Parent/guardian must submit your request in writing through personal letter or by requesting a form from our office. The request must include patient name, date of birth, primary care physician, where records are to be sent, place requestor can be contacted, parent/guardian signature and date.

Revoking and Expiration: Any specific authorization given can be revoked by requestor at any time, with the expiration coming at one year of original authorization.

Payment: We have the right to request payment for copies of medical information. The first set of copies is free and every set of copies following will incur a charge.

Availability of Medical Record: We are allowed 30 days to retrieve and provide copies of medical records that are still available within the office. We are allowed 60 days to retrieve and provide copies of medical records that are being stored off site.

Individual Patient Rights

You have the right to:

1. inspect and have a copy of medical information that is used to make decisions about your care. See authorizations above for information on retrieving your patient information. If electronic medical record is used you have a right to request data in electronic format.
2. request an account of disclosures. This is a list of the disclosures that we have made of your medical information. This request must be made in writing by calling our office and requesting a form. Your request must include a time period which may not be longer than 6 years. It may not include dates prior to April 14, 2003.
3. request restrictions or limitations on the medical information we use and disclose about you. We are not required to agree to any restriction or limitation, but if we did, we will abide by the agreement. All requests must be made in writing by calling our office and requesting a form.
4. Request that medical information is not disclosed to your health plan. If this asked for you must pay for all services in full at time of visit. Patients insured by TNCare must file all services.
5. request an amendment to your medical information. If you feel information is incorrect or incomplete you may ask to amend the information. No information can ever be removed or deleted from medical information. All requests must be made in writing by calling our office and requesting a form. We are not required to agree to any amendment, but if we did, we will abide by the agreement and make reasonable efforts to tell others involved in your medical care of the change and include in any future sharing of information. If we deny your request, we will provide a written explanation.
6. request confidential communications. You may ask that we communicate with you about certain information in certain ways or at a certain location (ex. request that we never call your work). We will accommodate all reasonable requests. The request must be made in writing by calling our office and requesting a form.
7. request a paper copy of this notice at any time. Please call our office to obtain or obtain copy from our website at www.ohpa.com.

Breach Notification:

HIPAA requires any patient to be notified of a breach of patient data without unreasonable delay but not later than 60 calendar days after discovery.

For questions about this notice or concerns that your rights have been violated, please contact: Old Harding Pediatric Associates at 352-2990 and ask for the privacy officer. However, all formal complaints must be in writing and sent to Privacy Officer, Old Harding Pediatrics, 5819 Old Harding Rd, Nashville, TN 37205.

You may also file complaints to Dept. of Health & Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsythe St., SW, Atlanta, GA 30303-8909.

Phone: 404-562-7886 Fax: 404-562-7881

**Notice of Privacy Practices
Old Harding Pediatric Associates**

Acknowledgement Form

I have received the Notice of Privacy Practices, version 2:0, and I have been provided an opportunity to review. I understand that my signature indicates that I understand the information within the notice.

Patient Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____