

Notice of Privacy Practices

This notice CONTAINS IMPORTANT INFORMATION ABOUT Goshen Pediatric, PC privacy practice which were revised pursuant to the Health Insurance Portability and Accountability Act of 1996 and related regulations. This notice describes how your child's Private Health Information may be used or disclosed, and indicates how you get access to this information. Please review carefully.

Goshen Pediatrics PC: Our Commitment to Your Child's Privacy

Summary

1. Goshen Pediatrics, PC is dedicated to maintain the privacy of your child's medical information. In conducting our business, we will create records regarding the treatment and services that we provide to your child.
2. Your child's medical record is our property. However, we are required by law:
 - a. To maintain the confidentiality of your child's medical information.
 - b. To provide you with this notice of our legal duties and privacy practices concerning your child's medical information called Notice of Privacy practices.
 - c. To follow the terms of our Notice of Privacy Practices in effect at the time.
3. This notice provides you with the following important information.
 - a. How we may use and disclose your child's medical information.
 - b. Your privacy rights regarding your child's medical information.
 - c. Our obligations concerning the use and disclosure of your child's medical information.

Changes to this Notice

The terms of this notice apply to all records containing your child's medical information that are created or retained by us. We reserve the right to revise, change or amend our notice of privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we already have about your child, as well as any medical information that we may receive, create or maintain in the future. Goshen Pediatrics, PC will make a "good faith" effort to document that we provided our patients with a copy of this organization's Notice of Privacy Practices, and you may request a copy of our most current notice during any visit to Goshen Pediatrics, PC.

How We May Use or Disclose Your Child's Medical Information

The following categories describe the different ways in which we may use and disclose your child's Protected Health information. Please note that each particular use or disclosure is not necessarily listed below. However, the different ways we are permitted to use and disclose your child's medical information do fall within one of the listed categories.

Treatment – We may share your child's health information with doctors or nurses who are involved in treating them within Goshen Pediatrics, PC, at the hospital or with another doctor to whom they have been referred for further care.

Payment - We may use your child's health information or disclose it to others (such as your insurance company) to obtain reimbursement after we have treated them or to determine whether it will cover your child's treatment.

Health Care Operations - We may use your child's health information or disclose it to others to conduct our regular health center operations. For instance, we may disclose your child's health information to contractors, agents or other **business associates** in carrying out our business operations. Examples are the billing company, diagnostic service providers, and an accounting or law firm that provides professional advice. We have written contracts with our business associates to ensure that they also protect the privacy of your child's health information. Additionally, if you do not object, we may share your child's health information with a **family member, relative or close friend** who is involved in their care or payment for that care. We may also notify a family member, personal representative, or another responsible for your child's care about their general condition.

Appointment Reminders - Our office we may use and disclose your child's health information to contact you and to **remind you of an appointment.**

Special Circumstances When We May Disclose Your Child's Health Information Required by law

We will use or disclose medical information about your child when required by applicable law.

Emergencies or Public Need - We may use or disclose your child's health information in an emergency or for important public needs such as national security to protect the President or other officials.

Public Health - We may disclose your child's health information to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records, such as births and deaths; reporting child or adult abuse or neglect, reporting communicable diseases or reactions to drugs or problems with products or devices (FDA).

Health Oversight Activities - We may release your child's information to government agencies authorized to conduct audits, investigations and inspections of our facility.

Legal Proceedings - We may disclose your child's health information in response to a court administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your health information in response to subpoena, but only if we have made an effort to inform you of the request.

Law Enforcement – We may disclose your child's health information to law enforcement officials for compliance with court orders or laws that we are required to follow, to assist law enforcement officers, or if you have been a victim of a crime.

Workers' Compensation – Our practice may release your child's health information for workers' compensation and similar programs that provide benefits for work-related injuries.

Deceased Patients – Our practice may release to a medical examiner, coroner or funeral director. **Organ and Tissue Donation** – Our practice may release your child's health information to organizations that handle organ donation and transplantation.

Research - We may use and disclose your child's health information for research purposes in certain limited circumstances.

Military – We may disclose your health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Inmates – Our practice may disclose your child's health information to correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official.

Fundraising/ Marketing

Goshen Pediatrics, PC does not use or disclose protected health information for fundraising or marketing purposes.

A **“written authorization”** provides us with detailed information about the persons who you authorize to receive your child's health information and the specific purposes for which your health information may be used or disclosed. A written authorization has an expiration date.

A special release form is required for mental health record release and a New York State form is required for substance abuse related information.

You may revoke that written authorization at any time, except to the extent that we have already relied upon it.

To revoke written authorization, please contact our office.

Goshen Pediatrics will obtain your written authorization for uses and disclosures that are not identified by this notice (as listed above) or permitted by applicable law.

YOUR CHILD'S HEALTH INFORMATION RIGHTS

Requests for the following are to be submitted **in writing** to our office.

✂ You have the right to request to inspect and/or obtain a copy of your child's health information

✂ You have the right to request that we amend your child's health information if you believe that it is inaccurate or incomplete.

✂ You have the right to receive an accounting that identifies persons or organizations to whom we have disclosed your child's health information.

✂ You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work or to restrict release of your child's information. We will try to accommodate all reasonable requests.

✂ You have the right to request restrictions on certain uses and disclosures of your child's health information.

✂ You have the right to name a personal representative who may act on your behalf to control the privacy of your child's health information. Parents and guardians generally have the right to control the minor's health information unless the minors are permitted by law to act on their own behalf.

Right to a paper copy of this Notice

You have a right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

Right to Revoke - You may revoke your general written consent at any time except to the extent that action has already been taken. For example, if we provide your child with treatment before you revoke your general written consent, we may still share your health information with your child's insurance company to obtain payment for their treatment. To revoke your general written consent, please contact our office at (845) 291-7059.

File a Complaint – If you believe your privacy rights have been violated, you may file a complaint with our Office Manager, 1995 route 17M, 2nd Floor, Goshen, NY 10924 – (845) 291-7059 or with Office of Civil Rights, U.S. Department of Health and Human Services.

No one will retaliate or take action against you for filing a complaint.

Notice of Privacy Practices Effective April 2003

