

HIPAA

Health Insurance Portability and Accountability Act (1996) * H I P A A Notice of Privacy Policy and Practices for Protected Health Information N P P for P H I

* Revised: March 13, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. You will be asked to sign and date an Acknowledgement of Receipt. You may request a copy of our notice at any time. Please direct questions about this notice to the Ivy Pediatrics Privacy Officer (Regina Daly- Office Manager) at (732) 972-9525, 220 Bridge Plaza Drive, Manalapan, NJ 07726. This revised notice takes effect on March 13, 2015 and will remain in effect until we replace or modify it.

PURPOSE OF THIS NOTICE

Ivy Pediatrics respects the privacy of our patients and understands the importance of keeping patients' protected health information (PHI) secure, confidential, and private. The federal HIPAA laws require us to provide our patients' parents or guardians with written notice of how we may use and disclose PHI for treatment, payment, and healthcare operations, and how we will safeguard PHI records. It also describes your rights and certain obligations Ivy Pediatrics has regarding the use and disclosure of PHI.

TYPES OF PROTECTED HEALTH INFORMATION (PHI) WE COLLECT

Each time you visit Ivy Pediatrics our physicians and staff make a record of your visit. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, a plan for future care or treatment, and the like. This PHI, often referred to as your medical record or chart, and serves as a basis for planning your care and treatment.

This PHI may also include school or camp forms, authorizations, correspondence, health insurance forms, and billing information, as well as identifying information for both our patients and their parents or guarantors. Identifying information includes name, date of birth, sex, social security number, geographic address, and any phone and fax numbers. We may record and document our patients' growth, development, and treatment information along with diagnosis and other health findings. These records may also include reports, test results, and correspondence of consultations obtained at other medical facilities.

We retain this information as required by law for a minimum of 6 years. We limit the collection of personal information to that which is necessary to provide quality medical healthcare and for insurance and reimbursement purposes.

HOW WE PROTECT PHI

We protect PHI securely and confidentially. We limit access to personal information to only those persons who need to know that information to effectively provide treatment, and, within the workings of our healthcare operations, to provide required documentation for reimbursement and insurance purposes. Our medical charts are secured within our office. Each Ivy Pediatrics employee must sign a Confidentiality Statement assuring that they understand their responsibilities and the importance of complying with our policies designed to protect your privacy. We meet strict physical, electronic, fax, phone, and computer security standards. We maintain internal procedures to assure the privacy, integrity, and accuracy of our patients' PHI.

DISCLOSURE AND USES OF PHI FOR TREATMENT, PAYMENT, AND HEALTHCARE

OPERATIONS Treatment

Within the law we may share and/or disclose any of the PHI we collect for the purposes of treatment, reimbursement documentation, and healthcare operations. Our doctors may use this information to treat our patients. This may include sharing the patient's information with personnel within Ivy Pediatrics involved in coordinating patient medical care and treatment. An example is a hospital or another specialist needing to know why we are sending a patient to them.

Our doctors may provide information in consultation with other doctors, specialists, hospitals, laboratories, facilities, counselors, agencies, and diagnostic companies outside of our practice to which we may refer the patient for more specialized medical care so that they may assist us in treating our patients.

Payment

As a courtesy to you, we will bill our patients' HMO or PPO plan or guarantor for the medical services we have provided. We disclose PHI in billing because the payers require diagnosis and procedure codes before they will pay your medical bill. We may disclose our patients' health insurance information with affiliates such as health insurance companies with whom we are contracted for industry standard health plan assessments, such as HEDIS studies, for licensure, and for audits. Please understand we have executed confidentiality agreements with such affiliates who also adhere to HIPAA regulations.

Healthcare Operations

Because our patients range in age from birth up to adult, we may communicate their health information to their parent or guardian, or the person acting in authority on behalf of the minor child entrusted with their care. We may contact the patient, parent, or guardian's by using the phone number you provided to relay time sensitive health-related information such as appointment reminders, referrals to other specialists, medical equipment or medication changes.

We follow government regulations, which may be without authorization. These conditions provide for the release of information in the event of serious situations such as a public health risk, to prevent or lessen a serious imminent threat to the health or safety of the patient or the public, and for disaster relief efforts. We may disclose PHI to public authorities as allowed by law to report suspect cases of child abuse or neglect. Our physicians may exercise professional judgment in making a disclosure of PHI if it is considered necessary to prevent serious harm to the patient or another potential victim.

We may disclose PHI as allowed or required by law to agencies for the purposes of health oversight activities, investigations, judicial or administrative proceedings, inspections, licensers or disciplinary actions and for similar reasons related to the administration of healthcare as authorized by an administrative or court order, as in response to a subpoena, discovery request or other lawful process. We may disclose PHI for peer review and operations assessment.

We do not disclose information to any third party without the written permission of the patient's parent or guardian. With your specific written authorization, we may complete forms for schools, camps, sports, or special programs, which will be returned to you.

Any other uses and disclosures not covered by this notice will be made only with the written authorization of the patient's parent or guardian. We may disclose authorized written information via copy, fax, or mail. Our responsibilities also include providing you with notice of our privacy practices, following reasonable safeguards, and abiding by the terms of this Notice.

INDIVIDUAL RIGHTS TO YOUR PHI

We have procedures for our patients and their parents or guardians to access, inspect, and/or copy the PHI we collect. We will make this information available to you upon written request. Inspections will occur here in our office, by appointment only, and will be supervised. You may address a request in writing to our office. If you wish a specific restriction on certain uses or disclosures of the patient's PHI, it must be in writing. You have the right to request amendment or correction to the patient's health care record by delivering a written request to our office. Our physicians are not required to make such amendments. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your PHI.

You have the right to receive an accounting of the uses and disclosures of your PHI to present after delivering a written request to our office. This accounting does not apply to internal uses of information.

Our goal is to keep patient information up-to-date. We have procedures in place to ensure the integrity of our information. We require **annual** completion of the Patient Information form and a new copy of your insurance card. We make changes of personal information such as a new address or phone number immediately as you notify us in writing, and correct any potential inaccuracies in our information. If you believe the PHI should be corrected, please let us know in writing by contacting our privacy officer here at Ivy Pediatrics.

FURTHER INFORMATION

We reserve the right to amend our privacy policy from time to time and will revise this notice accordingly. Should we revise our notice, the revision will become available to you upon your request at your next office visit. You will be asked to sign an acknowledgement of receipt of the revised privacy notice.

POSTING OUR PRIVACY NOTICE

Our privacy notice is handed individually to each patient's parent or guardian at the first visit or upon request.

Additional copies of the notice are available for parents not present in the office who may also review and acknowledge receipt by return mail. Our privacy notice may be viewed online at www.ivypediatrics.com

FILING A COMPLAINT

If you have any questions, need further information, or want to file a written complaint regarding the handling of your PHI, please call Ivy Pediatrics' privacy officer (Regina Daly – Office Manager) at 732-972-9525, or fax written comment or inquiry to 732-972-9055, or write to 220 Bridge Plaza Drive, Manalapan, NJ 07726.

If you feel the patient's rights have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the Federal Government. You do not have to waive your right to file a complaint for the patient to receive treatment. We cannot and will not retaliate or penalize a patient or parent for filing a complaint.