

HIPAA

Notice of Privacy Practices

This notice describes how medical information about you/your children may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at the practice. New federal legislation (HIPAA) requires that we issue this notice of our privacy practices. You have the right to the confidentiality of your/your children's medical information. This practice is required by law to maintain the privacy of protected health information. Cape Cod Pediatrics is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any other questions regarding the law or the privacy practices of Cape Cod Pediatrics, please contact the privacy officer [Vicky Giaquinto](#).

Who Will Follow This Notice?

Any health care professional authorized to enter information into the patient's medical records, all employees, staff, and other personnel at this practice that must have access to the patient's medical information must abide by this Notice. All subsidiaries, business associates, sites, and locations of this practice may share medical information with each other for the purposes of treatment, payment, or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information about the Patient?

The following categories describe different ways that we may use and disclose medical information without the patient's or legal guardian's specific consent or authorization. Examples are provided for each category listed below of uses and disclosures. Not every possible example or use in each category is listed below.

For Treatment

We may use information about the patient to provide the patient with medical treatment or services. Example: In treating the patient (your child) for strep throat, we may need to know if the patient has any allergies that could influence which medications our physicians prescribe for treatment purposes.

For Payment

We may use and disclose medical information about the patient so that the treatment and services received from us may be billed and payment may be collected from the patient, the insurance company, or a third party. Example: We may need to send the patient's protected health information, such as the child's name, address, date of service, and the diagnosis codes to the insurance company in order to receive payment of that claim.

For Health Care Operation

We may use and disclose medical information about your child for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you child(ren).

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health and safety
- To workers' compensation or similar programs for the processing of claims
- In response to a legal proceeding or subpoena

Uses and Disclosures of Protected Health Information

Requiring Your Authorization

Other uses and disclosures of medical information not covered by the Notice or the laws that apply to us will be made only with your authorization. You may revoke that permission, in writing, at any time. You understand that if you revoke that permission we will no longer disclose any of your child's medical information. We are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care we have already provided to the patient.

Your Individual Rights Regarding Your Medical Information Complaints

If you believe your privacy rights have been violated or your information misused, you may file a complaint with the Privacy Officer at this practice or with the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Right to Request Restrictions

You may request a restriction or limitation on the medical information we use or disclose in the treatment, payment and health care operation. We are not required to agree with your request. You must submit request on restrictions in writing to the Privacy Officer at our practice.

Right to Request Confidential Communications

You have the right to request how our practice sends medical information to the patient and where you would like those communications sent. You must make this request to the Privacy Office in writing.

Right to Inspect and Copy

You may request to inspect and copy medical information that may be used to make decisions about the patient's care. You must submit your request in writing to the Privacy Officer.

Right to Amend

If the patient feels the medical information our practice has is incomplete or incorrect, you have the right to submit a written request to amend these documents. The request must give the reason for the desire to amend the records and our practice can deny the request for various reasons. Please see the Privacy Officer if you have further questions.

Right to an Accounting of Non-Standard Disclosures

The patient has the right to request a list of the disclosures our practice made of medical information about the patient. You must submit the request to the Privacy Officer in writing, stating the time period for which you want to receive the list. This time period is not to exceed six years and may not include dates prior to April 14, 2003.

Right to a Paper Copy of this Notice

You have a right to a paper copy of our current Notice of Privacy Practices at any time.

Changes to this Notice

We reserve the right to make updates and changes to our Notice of Privacy Practices at any time with respect to the medical information we already have about the patient as well as any information we receive in the future. We will

post the most current Notice, with the effective date on the front cover.