PEDIATRIC ASSOCIATES OF THE NORTHWEST, P.C.

Notice of Privacy Practices

The HIPAA Privacy Rule requires all physicians make available a Notice of Privacy Practices to all patients. Following is a model Notice that can be used as the starting point for developing the physician specific Notice of Privacy Practices. It needs to be modified to reflect each physician or physician offices’ individual privacy practices.

Direct care physicians need to provide a Notice of Privacy Practices to any new patient at the time of first encounter and physicians are required to request patients sign an acknowledgement of receipt of the Notice at the time the Notice is provided. If the patient refuses to sign the acknowledgement, it should be noted in the medical record. Physicians cannot provide a summary Notice at first encounter. If a patient refuses to sign the Notice as provided by a physician, the physician can provide the Notice only if the new patient asks for the Notice.

The physician needs to make the Notice available upon request in paper form. A copy of the Notice or a summary of the Notice needs to be displayed prominently in the patient area of the physician’s office. If the physician maintains a web site, the Notice needs to be available on the web site and easy for the patient to locate and access from the web site.

NOTICE OF PRIVACY PRACTICES Effective Date: September 17, 2013

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.

If you have any questions about this notice, please contact: Administrator – Privacy Officer at 503-227-0671

2701 NW Vaughn St., Ste. 360 Portland, Oregon 97210

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Pediatric Associates of the Northwest. Your health information may include information created and received by Pediatric Associates of the Northwest, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

• For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our organization may share information about you and disclose information to people who do not work for Pediatric Associates of the Northwest in order to coordinate your care, such as when phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

• For payment. We may use and disclose health information about you so that the treatment and services you receive at Pediatric Associates of the Northwest may be billed to and payment may be collected from you, an insurance company or a third party.

For example, you may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. You may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

• For Health Care Operations. We may use and disclose health information about you in order to run Pediatric Associates of the Northwest and make sure that you and other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and others providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

SPECIAL SITUATIONS

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

• To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to you health and safety or the health and safety of the public or another person.

• Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

• Research. We may use and disclose health information about you for research purposes that are subject to an appropriate approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

• Organ and Tissue Donation. If you are an organ donor, we may release your information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

• Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. You may also release information about foreign military personnel to the appropriate foreign military authority.

• Workers’ Compensation. We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

• Public Health Risks. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

• Health Oversight Activities. We may disclose information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

• Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

• Law Enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

• Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

• Information Not Personally Identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
• **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person’s involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences about that in your best interest.

In some instances, we may need specific, written authorization from you in order to disclose your health information to your family or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to Administrator – Privacy Officer.

We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- Would not be permitted to inspect and copy.
- Is accurate and complete.

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be 2 pages in length or less and we will give you a copy of the notice currently in effect. If you have agreed to receive it electronically, you are still entitled to a paper copy. [You may also find a copy of this Notice on our web site.]

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request in writing to Administrator – Privacy Officer. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for payment, treatment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to Administrator – Privacy Officer.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Administrator – Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. [You may also find a copy of this Notice on our web site.]

To obtain such a copy, contact Administrator – Privacy Officer.

**CHANGES TO THIS NOTICE.**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If a direct care provider - We will post the current notice at our location(s) with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

**BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

**COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

- Office for Civil Rights Region 10
  2201 Sixth Avenue
  Seattle, WA 98121
  Phone: (800) 365-1019
- U.S. Department of Health & Human Services Region 10
  2201 Sixth Avenue
  Seattle, WA 98121
  Phone: (800) 365-1019

To file a complaint with Pediatric Associates of the Northwest, contact Administrator – Privacy Officer at 503-227-0671. You will not be penalized for filing a complaint.