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Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Pediatric Associates of Cheshire, P.C. (PAC) is committed to protecting the privacy and confidentiality of your protected health information. This notice describes your rights and certain obligations we have regarding our privacy practices and the use and disclosure of your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

PAC is required by law to protect the privacy of your protected health information and to provide you with and to abide by the terms of this notice as it may be updated from time to time. If you have any questions about this notice, please call PAC at (203) 272-0396.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. While not every use or disclosure in a category will be listed, all of the ways we are permitted to use and disclose information will fall within one of these categories.

Treatment We may use protected health information about you to provide you with medical treatment or services and to coordinate and manage your care and any related services. Protected health information about you may be disclosed to hospitals, nursing facilities, doctors, nurses, technicians, medical students and other personnel who are involved in your care. This would include, for example, when your physician consults with a specialist regarding your condition or coordinates services you may need, such as lab work and x-rays.

Payment We may use and disclose protected health information about you to obtain reimbursement from you, an insurance company or a third party for the services we provide. This may also include certain activities that your health plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

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Health Care Operations We may use and disclose protected health information about you in a number of different ways related to our operations. These uses and disclosures are necessary to run our business and ensure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our providers in caring for you. We may also disclose information to doctors, nurses, technicians, and medical students for review and learning purposes. Information may also be disclosed for activities relating to protocol, development, case management, care coordination and reviewing qualifications of physicians.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for PAC. Whenever an arrangement with a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Based Upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures:

Appointment Reminders We may use and disclose protected health information to contact you as a reminder that you have an appointment for a procedure or to see your physician.

Health-Related Benefits and Services We may use and disclose protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care Unless you object, we may disclose to one of your family members, to a relative, to a close personal friend or to any

other person identified by you, protected health information directly relevant to the person's involvement with your care or payment related to your care. In addition, we may disclose protected health information about you to notify, identify or locate a member of your family, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death.

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Emergencies We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may use or disclose your protected health information to treat you.

Communication Barriers We may use or disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Research Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave the premises of PAC.

As Required by Law We will disclose protected health information about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

To Avert a Serious Threat to Health or Safety We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Public Health Risks We may disclose protected health information about you for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made to the purpose of controlling disease, injury or disability. We may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

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Health Oversight Activities We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Communicable Diseases We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise bear risk of contracting or spreading the disease or condition.

Abuse or Neglect We may disclose your protected health information to a health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirement of applicable federal and state laws.

Food and Drug Administration We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release protected health information if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons or similar process;

To identify or locate a suspect, fugitive, material witness or missing person;

About the victim of a crime, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of a criminal conduct;

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About criminal conduct at the hospital; and

In emergency circumstances, to report a crime, the location of a crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release protected 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. We may also release protected health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigation.

Based Upon Your Written Consent

You will be asked by your physician to sign a consent form. Once you have signed a consent form, we may use and disclose your protected health information for treatment, payment and health care operations as discussed below.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy protected health information that may be used to make decisions about your care that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and other records that we use

for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

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To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to your Pediatric Associates of Cheshire, P.C. treating physician. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend If you feel that protected health information we have about you in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us or for us.

To request an amendment, your request must be made in writing and submitted to your PAC treating physician. In addition, you must provide a reason that supports your request.

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

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

Is not part of the protected health information kept by us or for us;

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of disclosures we made of protected health information about

you.

To request this list or account of disclosures, you must submit your request in writing to your PAC treating physician. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge for the costs of providing the list. We will notify you of the cost involved

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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 protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not disclose information about a procedure 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 your emergency treatment.

To request restrictions, you must make your request in writing to your PAC treating physician. In your request, you must tell (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

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 communication, you must make your request in writing to your PAC treating physician. We will not ask you the reason for your request. We will accommodate all reasonable request. 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 this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.pedicheshire.com

To obtain a paper copy of this notice, send a written request to: Pediatric Associates of

Cheshire, P.C., 435 Highland Ave., Cheshire, CT 06410

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and to make provisions of the notice effective for all protected health information we maintain. A current copy of the notice shall be posted in our office.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Pediatric Associates of Cheshire, P.C. or with the Secretary of the Department of Health and Human Services. To file a complaint with PAC, contact the office manager of PAC. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.