

**PARTNERS IN PEDIATRICS**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION  
PLEASE REVIEW IT CAREFULLY**

**Who Will Follow This Notice**

**Partners in Pediatrics**, Suffern, Central Valley, New Hempstead These sites, and locations follow the terms of this notice and may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

**Our Pledge Regarding Health Information**

The privacy of your medical information is important to us and we are committed to protecting health information about you. This notice applies to all of the records of your care generated or received by doctors and staff of this health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and certain obligations we have regarding the use and disclosure of your health information. As appropriate, the terms "you" and "your" refer to the parents', custodial parents' or legal guardian's minor child/children. We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal obligations and privacy practices
- Follow the terms of the notice that is currently in effect.

**How We May Use And Disclose Health Information About You For Treatment Payment And Health Care Operations**

**FOR TREATMENT.** We may use and disclose your personal health information to provide you with health care treatment and services and to coordinate your care and treatment with other health care providers. We may disclose and share health information about you to doctors, nurses, therapists, technicians, or other providers to assist them in treating you. For example, we may disclose your health information to a pharmacist who needs that information to fill a prescription ordered by your doctor. We may also disclose your health information to a doctor to whom you have been referred to ensure that the doctor has the necessary information to treat you.

**FOR PAYMENT:** We may use and disclose health information about you to obtain payment for the treatment and services you receive from us. For example, we may contact your health plan for coverage or give them information about your office visit so your health plan will pay us or reimburse you for the visit.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your health information for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information for training and education purposes, to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, or whether certain new treatments are effective.

**We May Use And Disclose Your Health Information For Other Purposes Without Your Authorization**

**APPOINTMENT REMINDERS AND TEST RESULTS:** Unless you object, we will as necessary, inform you by telephone of test results. We may use or disclose health information to remind you about appointments. Please let us know if you do not wish to have us contact you concerning an appointment, or if you wish to be contacted by a different telephone number or address for this purpose.

**NOTIFICATION.** In case of emergency, and you are not able to give or refuse permission, we will share health information according to our professional judgment that is in your best interest. We will share only the health information directly needed for your care and limited to information related to the person's involvement in your care.

**HEALTH-RELATED SERVICES AND TREATMENT ALTERNATIVES:** We may use or disclose health information to inform you about alternative treatments, providers, or settings and health-related services that may be of interest to you.

**RESEARCH.** Your health information may be used or disclosed for research purposes where the research has been approved by a special Privacy Board which will ensure that the researcher follows certain privacy protections.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** When necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

**PUBLIC HEALTH ACTIVITIES.** We may disclose your health information to public health or legal authorities to report births and deaths; to prevent or control disease, injury or disability. We may also make disclosures to notify a person who may have been exposed to or may be at risk of contracting or spreading a communicable disease; and to the FDA about the quality or safety of a regulated product. We will notify a government authority if we believe that a patient has been a victim of abuse, neglect or domestic violence, if required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES.** We may disclose health information to a health oversight agency for activities authorized by law. These include, for example, audits, investigations, inspections, and licensure, which are necessary for the government to monitor the health care system, and compliance with civil rights laws.

**JUDICIAL, ADMINISTRATIVE PROCEEDINGS AND LAWSUITS.** We may disclose your health information in response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process.

**LAW ENFORCEMENT.** We may disclose your health information for certain law enforcement purposes, including, for example, to file reports or injuries required by law; report emergencies or suspicious deaths; comply with court orders, or other legal process; identify or locate a missing person; and to answer certain requests for information concerning crimes.

**AS REQUIRED BY LAW.** We may disclose your health information when required by law to do so including laws relating to Military Activity, National Security, Workers' Compensation and Correctional Inmates

**CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS.** We may release health information to a coroner, medical examiner as necessary, to identify a deceased person or determine the cause of death; and to funeral directors as necessary to carry out their duties.

**BUSINESS ASSOCIATES.** Some billing or office operations are provided by outside entities" business associates". We may disclose health information to our business associates so they can perform their work. Our business associates are required by contract to safeguard your information.

**Authorization Is Required For All Other Uses Or Disclosures Of Your Health Information**

We will obtain your written permission ( "Authorization") before making any use or disclosure other than those described in this Notice. The Authorization will describe the health information to be used or disclosed, and the reason for the disclosure. You may revoke the Authorization in writing at any time. If you revoke your Authorization, we will no longer use or disclose your health information for the reasons covered in the Authorization. We cannot take back disclosures we already made.

**Your Rights Regarding Health Information About You**

You have the following rights regarding health information:( which may be exercised by parents, custodial parents, or the legally authorized representative)

**RIGHT TO INSPECT AND COPY:** You have the right to look at, and upon written request, copy health information that may be used to make decisions about your care such as health and billing records. We may charge a fee for copying, mailing or other items associated with your request. We may deny your request in certain limited circumstances. If it is denied, you may ask that the denial be reviewed by another health care professional chosen by us to review your request and the denial.

**RIGHT TO REQUEST AMENDMENT.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as we keep the information. Your request must be made in writing on a form provided by us and must provide a reason for your request. We may deny your request if the information was not created by us, unless the person/entity that created the information is no longer available to make the amendment; or is not part of the health information kept by or for our practice; or is not part of the information you would be permitted to look at or copy; or the information is accurate and complete. If we deny your request, we will give you a written explanation. You may submit a written statement of disagreement which will be kept on file with your record.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an accounting of certain non-routine disclosures of your health information, which we have made, except for disclosures for treatment, payment, and health care operations, or disclosures made to you or the patient's authorized representative.

You must submit your request in writing and state a time period beginning after 12/01/11 and which may not be longer than six years. The first request within a 12-month period will be free; we may charge a reasonable fee for additional requests. Requests will be answered within 60 days of the request unless we notify you within that time of an extension, which may not exceed 30 days.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request in writing that we restrict or limit the way we use or disclose your personal health information for treatment, payment or health care operations and/or to restrict the health information we may disclose to a particular family member, or other person who is involved with your care or payment for your care. **We are not required to agree to these restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or the disclosure is required by law.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request in writing that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or send test results to a specific address. We will not ask you the reason for your request and will accommodate reasonable requests.

#### **Changes To This Notice**

We reserve the right to change this notice and to make the revised notice effective for health information we already have about you as well as any information we create or receive in the future. If we make material changes, we will post a copy of the revised notice in our office and make it available to you upon request. The effective date of this notice is Dec 1, 2011.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint directly or in writing by contacting the Privacy Officer at Ramapo Valley Pediatrics or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201 .

To file a complaint in person or to request a complaint form, please contact: Privacy Officer at 845-368-0422. **You will not be penalized or retaliated against for filing a complaint.**

#### **For Further Information**

If you have any questions about this Notice or if you would like to exercise any of the rights in this Notice please contact, Privacy Officer at 845- 368-0422