

- Ask for and be given a paper copy of this notice.
- Request additional privacy protections with respect to your electronic medical record. Requests must be made in writing to the privacy official. For more information or to get a designated request form, please contact the privacy official provided below.

WHAT ARE OUR DUTIES ABOUT YOUR HEALTH INFORMATION AND THIS NOTICE?

We are required by federal and state law to keep the privacy and security of health information that may tell your identity. If there is a breach of privacy that compromises your identifiable health information, we will notify you in writing or by email.

We are required to provide you with a copy of this notice and agree to the terms of this notice. We reserve the right to change the terms of this notice; the revised notice will be effective for all health information that we keep. We will post any revised notices on our public website at www.hartlandpeds.com and in waiting room areas. You may also request a paper copy of the revised notice at the time of your next visit.

If you have any questions about this notice or believe your privacy rights have been violated, please contact us at:

Hartland Pediatrics
Attn: Privacy Manager
11525 Highland Road Suite 14
Hartland, MI 48353
Phone: 810-632-3200
Fax: 810-632-3230

You may also contact the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.

The U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

REQUEST FOR ACKNOWLEDGMENT

There is an acknowledgement form on the patient registration form for you to sign during your child's registration process. By signing the Notice of Privacy Practices Acknowledgment Form, you are confirming that you have received and/or been offered a copy of this notice.

Our Commitment to Your Privacy

Hartland Pediatrics is committed to maintaining the privacy of your health information in all formats (electronic, paper or verbally). We keep your health information in a secure (safe) electronic health record. We will only use or disclose (share) your health information as described in this notice.

Hartland
Pediatrics

*Notice of Privacy
Practices* updated January 2016

WHO WILL FOLLOW THIS NOTICE?

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.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

- We may use and share your health information for treatment, payment, and health care operation purposes.
- We may use and share your health information with other health care providers who are treating you or with a pharmacy that is filling your prescription.
- We may use and share your health information with your health insurance plan to get pre-approval for your treatment or to collect payment for health care services; or
- We may use and share your health information to run our business, to evaluate practitioner or provider performance, or to educate health care professionals.
- We may share your health information with business associates who are helping us collect payment for services or other business operations. All of our business associates are required to protect the privacy and security of your health information.
- For public health activities (for example, to report injuries, diseases, births and deaths to a public health official authorized to receive such information);
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if we reasonably believe that you and/or your child have been a victim of such abuse, neglect, or domestic violence, we will make every effort to get your permission before sharing this information. However, in some cases we may be required or authorized to act without your permission;

- For oversight by government or private agencies that review health care organization's practices to ensure safety and quality activities;
- For monitoring products which may need repair or are being recalled (for example, to satisfy FDA requirements);
- For research studies where health records are analyzed (when it cannot be done through the normal authorization procedures) and approved by our institutional privacy board. This is done through a special process that makes sure that the research may only be a small risk to your privacy and that researchers keep your information confidential and secure; such as writing a research proposal or recruiting possible subjects; or, in the unfortunate event of your death, for research solely on information about people who have died;
- To create and disclose de-identified (does not have your name, SS#, etc.) health information or limited data sets that do not have direct identifiers about you;
- For judicial and administrative proceedings (for example, a court order);
- For law enforcement purposes (for example, to identify or find a suspect or missing person, or to report a crime that occurred on or off our property);
- To coroners, medical examiners, or funeral directors as necessary to do their jobs;
- To organizations that handle organ, eye or tissue donation, or transplantation;
- To avoid a serious threat to health or public safety;
- Incidental uses and disclosures (for example, if a patient or staff member overhears a discussion in our Emergency Department even when reasonable steps were taken to keep your information confidential); and As otherwise required or allowed by local, state or federal law.

WHAT RIGHTS DO YOU HAVE ABOUT YOUR HEALTH INFORMATION?

Although your health record is the property of Hartland Pediatrics, you have the right to:

- Request restrictions on how we use or share your information for treatment, payment, and health care operations, and how we may share it with your family and friends. We are not required to agree to your request, except when you pay for services out-of-pocket, in full and request us not to share the health information with your health insurance plan.
- Request confidential communications of your health information.
- Request amendment (changes) to information in your medical and billing records. You must make your request to change, in writing and provide a reason for the request. We are not required to agree to your request, but will let you know in writing, and state a reason, when we do not agree. If we agree, your suggested amendment will be added to your record.
- Receive an accounting of disclosures. An "accounting of disclosures" is a report that identifies certain other people or organizations to which we have disclosed your health information without your authorization. (See the section on "We may also use and disclose your health information for the following reasons" for an explanation of who might be included.) You have a right to receive one accounting of disclosures every 12 months without charge; however, we may charge you for the cost of providing any additional accounting in the same 12-month period.
- Name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information of minors (children under 18 years old) unless the minors are permitted by law to act on their own behalf. There may also be exceptions to this per individual state law