



THE PEDIATRIC ENDOCRINE & DIABETES CLINIC, PC

NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within The Pediatric Endocrine & Diabetes Clinic, PC (PEDC), and how we may disclose it to others. This notice also describes the rights you may have concerning your own medical information. Please review it carefully and let us know if you have any questions.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires The Pediatric Endocrine & Diabetes Clinic, PC or "PEDC" to ensure the privacy of all patient information, otherwise referred to as "protected health information" or "P.H.I." that could be used to determine the identity of the patient. As the patient, or parent(s)/guardians of a minor, The Pediatric Endocrine & Diabetes Clinic, PC wants to make sure that you understand your rights to privacy and confidentiality of "protected health information", or P.H.I., and that you have the right to refuse to allow The Pediatric Endocrine & Diabetes Clinic, PC to use your health care information in certain ways, without your permission.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to all your medical record to assist in your treatment at PEDC or Hospital if admission for treatment is necessary.

We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want PEDC to disclose your medical information to family members, please speak with the PEDC Office Manager.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

PEDC Operations: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the Clinic. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Judicial Proceedings: PEDC may disclose medical information if PEDC is ordered to do so by a court or if PEDC receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Other Uses and Disclosures: If PEDC wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, PEDC will seek your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Office Manager in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record). This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, please contact PEDC. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, please contact PEDC. We will provide the first list to you free.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please speak directly to your health care provider regarding specific requests.

ADDITIONAL RIGHTS YOU HAVE

Confidentiality: All protected health information (P.H.I.) in your, or your child's, file will be kept confidential, except to the extent that this information is required to provide treatment, obtain payment for treatment, conduct the operations of PEDC and in case where release of this information is required by law or regulation or to protect the public health.

Protected health information cannot be used by PEDC to market products or services to you, or provide you with information about products or services available to you, without your express written permission.

Protected health information cannot be disclosed by PEDC to its affiliates or other organizations for use by those affiliates or organizations to market products or services to you, or provide you with information about products or services available to you, without your express written permission.

You may refuse to allow disclosure of protected health information to religious organizations or social service agencies, except in cases where such a disclosure is required by law or regulation.

You may refuse to allow disclosure of protected health information, including information on medical condition and status, to family members, except in those cases where the family member is the parent/guardian of a minor child and disclosure of this information is required in order to obtain consent for treatment.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can obtain a copy of our current notice of Privacy Practices at any time from PEDC.

WHICH HEALTH CARE PROVIDER IS COVERED BY THIS NOTICE?

The Notice of Privacy Practices applies to PEDC and its Physician, personnel, volunteers, and student interns.

Clients/patients or the parent(s)/guardians of minor clients/patients will be asked to review and acknowledge that they have received a copy of these privacy rights upon admission to The Pediatric Endocrine & Diabetes Clinic, PC practice, or a program operated by The Pediatric Endocrine & Diabetes Clinic, PC. A copy of this acknowledgment will be kept in the client/patient's file.