

Town & Country Pediatrics, PC

NOTICE OF PRIVACY PRACTICE

This notice was published and becomes effective on April 14th, 2003.

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 our Privacy Contact, Sheri at the address or phone number at the bottom of this page.

Who will follow this notice?

This Notice of Privacy Practice will be followed by:

- Any health care professional who provides treatment to you;
- All workforce members of Town & Country Pediatrics, PC; and
- All Business Associates with whom we share Protected Health Information.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by your attending physician or another workforce member of Town & Country Pediatrics, PC. We are required to:

- Keep medical information about you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the Notice that is currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in our waiting room. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be asked to acknowledge in writing the receipt of this notice.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for **Treatment** (such as sending medical information about you to a specialist as part of a referral); to **Obtain Payment for Treatment** (such as sending billing information to your insurance company); and to support our **Healthcare Operations** (such as comparing patient data to improve treatment methods)
- We may use or disclose medical information about you **without your prior Authorization** for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for:

Required by Law
Health Oversight
Legal Proceedings
Criminal Activity
Workers Compensation

Public Health
Abuse or Neglect
Law Enforcement
Inmates
Required Uses and Disclosures

Communicable Diseases
Food and Drug Administration
Coroners, Funeral Directors and Organ Donation
Military Activity and National Security
Research (IF APPLICABLE)

- We may also contact you for **Appointment Reminders**, or to tell you about **Recommended Possible Treatment Options, Alternatives, Health-Related Benefits or Services** that may be of interest to you to **Support Marketing or Fundraising efforts**.
- We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

Other Uses of Medical Information

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing your decision.

Your rights regarding medical information about you.

- In most cases, you have the right to **Access and/or Copy Medical Information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the **Right to Request an Amendment** to your records, by completing our request for an Amendment of Medical Records Form that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have the right to receive an Accounting of Disclosures made for purposes other than Treatment, Payment or Healthcare Operations or where you specifically authorized a disclosure, when you complete a Request for an Accounting of Disclosures Form. All requests must be for a period less than 6 years and starting April 14, 2003. You may receive the first list request in a 12-month period for free; other request will be charged according to our cost of producing the list. We will inform you of the cost before you may incur any costs.
- You have the right to request **Confidential Communication**, by completing a Request for Confidential Communication Form. We will attempt to comply with all confidential communications request, such as sending mail to an address other than your home.
- You have the right to **Request Restrictions** on how we may use and disclose medical information about you for Treatment, Payment and Healthcare Operations or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency, by completing a Request for Restrictions Form. We will attempt to comply with your request but we are not required by law to accept it. We will inform you of our decision in writing.

Complaints

- If you are concerned that your Privacy Rights may have violated, or you disagree with a decision we make about access to your records, you may contact our Privacy Officer to file a formal complaint; or
- You may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Please contact our Privacy Officer to obtain additional information on how to file this complaint.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

You may contact our Privacy Officer, Sheri at 314-994-0209 extension 22 or in writing for further information concerning any of the information in this notice.