



Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF ST. LOUIS PEDIATRIC ASSOCIATES, INC. [SLPA]) MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS YOUR CHILD'S PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your child's Protected Health Information (PHI). In conducting our business, SLPA will create records regarding your child's treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies your child. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

- ❖ **What is Protected Health Information (PHI)?** – PHI is information that individually identifies your child and that SLPA creates or obtains from you or from another health care provider, health plan, or health care clearinghouse. This information relates to:
 - Your child's past, present, or future physical or mental health or conditions
 - The provision of health care to your child
 - The past, present, or future payment for your child's health care

We realize that these laws are complicated, but we must provide you with the following important information:

- ❖ How we may use and disclose your child's PHI
- ❖ Your child's privacy rights in his/her PHI
- ❖ Our obligations concerning the use and disclosure of your child's PHI

The terms of this notice apply to all records containing your child's PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your child's records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office and on our website. You may also request a paper copy of our most current Notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The privacy officer as indicated at the end of this Notice.

C. ST. LOUIS PEDIATRIC ASSOCIATES, INC (SLPA) MAY USE AND DISCLOSE YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your child's PHI:

- 1. Treatment.** SLPA may use your child's PHI to treat your child. For example, we may ask you to acquire laboratory tests for your child (such as blood or urine tests), and use the results to help us reach a diagnosis. We might use your child's PHI to write a prescription for him/her, or we might disclose your child's PHI to a pharmacy when we order a prescription for him/her. Many of the people who work for our practice—including, but not limited to, our doctors, clinical staff, and operations staff—may use or disclose your child's PHI in order to treat your child or to assist others in his/her treatment. Additionally, we may disclose your child's PHI to others who may assist in his/her care, such as you, your spouse, your child's siblings, or any other individual involved in your child's care. Finally, we may also disclose your child's PHI to other health care providers for purposes related to your child's treatment.
- 2. Payment.** SLPA may use and disclose your child's PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your child's health insurer to certify that he/she is eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding treatment to determine if the insurer will cover, or pay for, his/her treatment. We may also use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your child's PHI to bill you directly for services and items. We may use and disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** SLPA may use and disclose your child's PHI to operate our business. For example, our practice may use your child's PHI to evaluate the quality of care your child received from us, or to conduct cost management and business planning activities for our practice. We may disclose your child's PHI to other health care providers, health care entities, medical students, and other authorized personnel to assist in their health care operations or for educational or learning purposes.
- 4. Appointment Reminders.** SLPA may use and disclose your child's PHI to contact you and remind you of his/her appointment.
- 5. Treatment Options.** SLPA may use and disclose your child's PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** SLPA may use and disclose your child's PHI to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information of Minors.** SLPA may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
8. **Release of Information to Family/Friends.** SLPA may release your child's PHI to a friend or family member who is involved in his/her care, or assists in taking care of him/her. For example, you may ask your babysitter to take your child to our office for treatment of a cold. In this example, the babysitter may have access to your child's medical information. Individuals involved in your child's care should be identified on the "Medical/Financial Information Disclosure" form, per our current office policy.
9. **Disclosures Required by Law.** SLPA will use and disclose PHI when required to do so by federal, state, or local law.
10. **Disclosures to Business Associates.** SLPA may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use other companies to perform our billing functions, to provide transcription services, or to provide consulting services. All SLPA business associates are obligated, under contract with us, to protect the privacy and ensure the security of your child's PHI.

D. USE AND DISCLOSURE OF YOUR CHILD'S PHI IN SPECIAL CIRCUMSTANCES

The following categories describe scenarios in which we may use or disclose your child's identifiable health information:

1. **Public Health Risks.** SLPA may disclose PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Reporting issues related to the quality, safety, or effectiveness of an Food and Drug Administration (FDA)-regulated product or activity
2. **Health Oversight Activities.** SLPA may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, licensures, surveys, criminal procedures or actions, and any similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
3. **Data Breach Notification Purpose.** SLPA may use or disclose your child's PHI to provide legally required notices of unauthorized access to or disclosure of your child's health information.
4. **Lawsuits and Similar Proceedings.** SLPA may use and disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
5. **Law Enforcement.** SLPA may release PHI, so long as applicable legal requirements are met, for law enforcement purposes:
 - Regarding a crime victim in certain situations, if we are unable to obtain the agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
6. **Inmates.** If your child is an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary:
 - For the institution to provide your child with health care
 - To protect your child's health and safety or the health and safety of others
 - The safety and security of the correctional institution
7. **Abuse or Neglect.** SLPA, upon your agreement or as required or authorized by law, may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
8. **Deceased Patients.** SLPA may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
9. **Organ and Tissue Donation.** SLPA may release PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation and agreed upon by the caregiver.
10. **Research.** SLPA may use and disclose your child's PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your child's PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about your child for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
11. **Serious Threats to Health or Safety.** SLPA may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization that may be able to help prevent the threat.
12. **Military Service.** If your child is a member of the armed forces, SLPA may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if your child is a member of a foreign military.

13. **Military Activity and National Security.** If your child is involved with military, national security, or intelligence activities or if they are in law enforcement custody, SLPA may disclose your child's PHI to authorized officials so they may carry out their legal duties under law.
14. **Workers' Compensation.** SLPA may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

E. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPTION TO OBJECT AND OPT OUT

1. **Individuals Involved in Your Child's Care or Payment for Your Child's Care.** Unless you object, SLPA may disclose to a member of your family, a relative, a close friend or any other person you identify, your child's PHI that directly relates to that person's involvement in your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment. Individuals involved in your child's care should be identified on the "Medical/Financial Information Disclosure" form, per our current office policy.
2. **Disaster Relief.** SLPA may disclose your child's PHI to disaster relief organizations that seek your child's PHI to coordinate your child's care, or notify family and friends of your child's location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.
3. **Fundraising Activities.** We may use or disclose your child's PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising information.

F. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

1. The following uses and disclosures of your child's PHI will be made only with written authorization:
 - Most uses and disclosures of psychotherapy notes
 - Uses and disclosures of PHI for marketing purposes
 - Disclosures that constitute a sale of your PHI
2. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. All disclosures made by SLPA in reliance to your authorization, prior to revocation, will not be affected by the revocation.

G. YOUR RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights, subject to certain limitations, regarding the PHI that we maintain about your child:

1. **Right to Confidential Communications.** You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. In order to request a type of confidential communication, you must make a written request to the privacy officer, as indicated on this Notice, specifying the requested method of contact, or the location where you wish to be contacted. SLPA will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or the payment for his/her care, such as family members and friends. **We are not required to agree to your request**, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes. The information you wish to restrict must also pertain solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to the privacy officer as indicated on this Notice. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requested to limit our practice's use, disclosure, or both
 - To whom you want the limits to apply
3. **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, we will honor your request.
4. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the privacy officer as indicated on this brochure in order to inspect and/or obtain a copy of your child's PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
5. **Right to a Summary or Explanation.** We can also provide you with a summary of your child's PHI, rather than the entire record or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
6. **Right to an Electronic Copy of Electronic Medical Records.** If your child's PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your child's PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you requested, your child's record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

7. **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your child's unsecured PHI.
8. **Right to Request Amendment.** You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the privacy officer as indicated on this Notice. **You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.** Also, we may deny your request if you ask us to amend information that is in our opinion a) accurate and complete, b) not part of the PHI kept by our office or for the practice, c) not part of the PHI which you would be permitted to inspect and copy, or d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
9. **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which is a list of the disclosures we made of your child's PHI. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. It excludes disclosures we may have made to you, family members, friends or individuals involved in the care of your child, or for notification purposes. The right receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records. Use of your child's PHI as part of the routine patient care in our practice is sharing information with the nurse, or the billing department using your child's information to file insurance claims. In order to obtain an "accounting of disclosures," you must submit your request in writing to the privacy officer as indicated on this Notice. All requests for an "accounting of disclosures" must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. SLPA will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
10. **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice at any time, contact the privacy officer as indicated on this Notice.
11. **Right to Provide an Authorization for Other Uses and Disclosures.** SLPA will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

H. HOW TO EXERCISE YOUR RIGHTS

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact your physician directly. To get a paper copy of the Notice, contact the Privacy Officer by phone, mail, or email.

I. RIGHT TO FILE A COMPLAINT

If you believe you child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with St. Louis Pediatric Associates, Inc., contact our Privacy Officer at the address listed at the end of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. **There will be no retaliation against you for filing a complaint.**

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free at 1-877-696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.

Again, if you have any questions regarding this notice of our health information privacy policies, please contact our Privacy Officer.

PRIVACY OFFICER

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