

Pediatric Care



of York, P.C.

2675 Joppa Road  
EPCO Plaza  
York, PA 17403  
1736  
(717) 741-9063

6 Constitution Ave.,  
Shrewsbury, PA  
(717) 235-6848

*Effective Date of this Notice:*

*April 14, 2003*

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD/REN AS A PATIENT OF THIS PRACTICE MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS MEDICAL INFORMATION.

**PLEASE READ THIS NOTICE CAREFULLY.**

**A. A. Our Commitment To Your Privacy.**

Pediatric Care of York, P.C. is dedicated to maintaining the privacy of your child/ren's medical records.

This Notice describes the practices of Pediatric Care of York, P.C. in connection with the use and disclosure of your child/ren's medical information and your rights, and certain obligations we have regarding the use and disclosure of this information. It applies to the physicians and other health care professionals within our practice who are involved in the care of your child/ren and/or are authorized to enter information into the medical record(s), and all of our employees, staff, and other personnel working in our offices. We are required by law to maintain the privacy of your child/ren's medical information and the privacy regulations as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide you with this Notice describing our privacy practices.

We are required to follow the terms of this Notice, as it is modified from time to time.

**WE MAY MAKE CHANGES TO THIS NOTICE IN THE FUTURE, AND ANY OF THE TERMS OF THIS NOTICE THAT ARE CHANGED WILL APPLY TO ALL MEDICAL RECORDS OUR PRACTICE HAS CREATED OR MAINTAINED IN THE PAST, AND FOR ANY RECORDS WE MAY CREATE OR MAINTAIN IN THE FUTURE. IF WE CHANGE OUR NOTICE, YOU MAY OBTAIN A COPY OF THE REVISED NOTICE BY REQUESTING IT IN PERSON AT OUR RECEPTION WINDOW AT ANY OF OUR SITES OR BY SENDING A WRITTEN REQUEST FOR A COPY TO THE**

**ADMINISTRATOR AT THE ABOVE ADDRESS. YOU MAY ALSO REVIEW OUR  
NOTICE ON OUR WEB SITE AT: [www.p-c-y.com](http://www.p-c-y.com)**

**B. B. If You Have Questions About This Notice, Please Contact:**

- |     |     |                                |     |                 |
|-----|-----|--------------------------------|-----|-----------------|
| (1) | (1) | Practice Administrator         | (2) | Privacy Officer |
|     |     | 2675 Joppa Road                |     | 2675 Joppa Road |
|     |     | York, PA 17403                 |     | York, PA 17403  |
|     |     | (717) 741-9063, Extension 3140 |     | (717) 741-9063  |
- OR**

**C. Ownership of the Medical Record and the Medical Information.**

The medical record is the property of the practice and the original medical record will stay with the practice. However, the information contained in the medical record belongs to the patient (his/her parent or guardian), and therefore, the patient (his/her parent or guardian) can control to a large extent who has access to their medical information except in those circumstances when disclosure is required by federal, state, or local law.

**D. How We May Use or Disclose Your Child/ren's Medical Records (Information).**

We are permitted or required to use your child/ren's medical information for various purposes. We cannot describe every possible use or disclosure of the medical records in this Notice. However, the uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

- (1) (1) For Treatment. We may use and disclose medical information about your child/ren in the course of treatment. For example, we may ask for laboratory tests (such as blood and urine tests), and we may use the results to help us reach a diagnosis. We might use the medical record to write a prescription, or disclose your child/ren's medical information to a pharmacy when ordering a prescription. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose medical information to another physician or health care provider in order to treat your child/ren or to assist others who may be providing treatment. Additionally, we may disclose medical information to others who may be assisting in your child/ren's care, such as your spouse, or those having legal guardianship over the child/ren.
- (2) (2) For Payment. We may use and disclose your child/ren's medical information in order to bill and collect payment for the treatment and services we provided. For example, we may contact your health insurer to certify that your child/ren are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding treatment to determine if your insurer will cover, or pay for, the child/ren's treatment. We also may use and disclose medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child/ren's medical information to bill you directly for services and items. In divorce or separations, medical information may be released to the parent carrying the medical insurance, this may not always be who the children are living with for the majority of the time.

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- (3) (3) For Health Care Operations. We may use and disclose your child/ren's medical information to operate our business. Healthcare operations are activities that are necessary to run our offices, maintain licensure, and to make sure that our patients receive quality care. For example, we may use and disclose medical information to evaluate the quality of care received from us, or to conduct cost-management and business planning activities for our practice.
- (4) Appointment Reminders. We may contact you personally or leave a message on your answering machine with a reminder that you have an appointment with us.
- (5) Release of Information to Family/Friends Involved in the Care or Payment for Care of your child/ren. Our practice may release medical information to a friend or family member that is involved in your child/ren's care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information for that particular visit only.
- (6) (6) Disclosure Required by Law. We will disclose medical information about your child/ren when required to do so by federal, state, or local law.
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**E. E. Use and Disclosure of Medical Information in Certain Special Circumstances.**

The following categories describe unique scenarios in which we may use and disclose your medical information:

- (1) Public Health Risks. Our practice may disclose your child/ren's medical information 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 and neglect
  - • Preventing or controlling disease, injury, or disability
  - • Notifying a person regarding potential exposure to 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
  - • Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - • Notifying employers under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- (2) Health Oversight Activities. We may use and disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include,

for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures and actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

- (3) Lawsuits and Similar Proceedings. We may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your medical information 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.
- (4) Law Enforcement. We may release your medical information if asked to do so by a law enforcement official:
  - • Regarding a crime victim in certain situations, if we are unable to obtain the person's 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)
- (5) Organ and Tissue Donation. Our practice may release your medical information 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 if you designated your child as an organ donor.
- (6) Serious Threats to Health or Safety. We may use and disclose your medical information when necessary to reduce or prevent a serious threat to your child/ren'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 able to help prevent the threat.
- (7) Military. Our practice may disclose your child's medical information if the child becomes a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- (8) National Security. Our practice may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- (9) (9) Inmates. Our practice may disclose your medical information to correctional institutions or law enforcement officials if your child is institutionalized or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: a) for the institution to provide health care services to your child; b) for the safety and security of the institution, and/or; c) to protect your child's health and safety or the health and safety of other individuals.

- (10) (10) Workers' Compensation. Our practice may release your medical information for workers' compensation and similar programs.

**F. Your Rights Regarding Your Medical Information.**

You have the following rights regarding the medical information that we maintain about your child/ren:

- (1) Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a particular manner or at a certain location. For example, you may ask that we only contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403; specifying the requested method of contact, or the location where you wish to be contacted. If you would like to give us your reason for requesting confidential communications, you may, but it is not necessary you give a reason. We will accommodate all reasonable requests.
- (2) Right to Request Restrictions. You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. Additionally, you also have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. ***We are not required to agree to your request.*** However, 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 you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403.  
Your request must describe in a clear and concise fashion:
- a) a) the information you wish restricted;
  - b) b) whether you are requesting to limit our practice's use, disclosure, or both; and
  - c) c) to whom you want the limits to apply.
- (3) Right to Inspect and Copy. You have the right to inspect and copy your medical information including billing records that are in our possession. You may not, however, have access to psychotherapy notes or information that is put together for use in a civil, criminal, or administrative proceeding. To inspect or copy your medical information, you must submit your request in writing to the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403. Record's inspections will normally be scheduled for no more than a one (1) hour session on Wednesdays, Thursdays, and/or Fridays from 9 a.m. to 4 p.m. If a physician is requested to be present during the inspection to interpret or explain the information, than a 30 minute appointment must be made and you will be charged for the physician's time. To receive a copy of your medical information, you need only complete the Authorization for Release of Medical Information form at the reception desk. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request for copies. Allow 72 business hours before the copies can be picked-up or mailed.

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.

- (4) Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Please note, we are required to retain records of your care.
- (5) (5) Right to Request Amendment. If you feel your medical information is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403. You must explain why you believe that the medical information is incorrect or incomplete. 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 medical information kept by or for the practice; c) not part of the medical information 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. If we deny your request, you have the right to give us a short statement to be placed with your medical information or to have us include your request for amendment with your medical information.
- (6) (6) Right to an Accounting of Disclosure. You have the right to request an accounting of disclosures. This is a list of certain non-routine disclosures our practice has made of your medical information for non-treatment, non-payment, or non-operations purposes. Use of your medical information as part of routine care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403. 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. We will notify you of the cost involved and you may choose to withdraw your request at that time before you incur any costs.
- (7) (7) Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403; telephone (717) 741-9063, extension 3140. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

- (8) (8) Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You will be given one initially upon your visit before, on or after April 14, 2003 and asked to acknowledge receipt by signing our written acknowledgment form to be filed in the medical record. The practice reserves the right to change this privacy notice without notification. You may ask the receptionist to give you the most current version during any of your visits after April 14, 2003, but you will only be asked to acknowledge receipt one time.

**Again, if you have any questions regarding this notice or our health information privacy policies, please ask to speak with the Administrator, Pediatric Care of York, P.C., 2675 Joppa Road, York, PA 17403 or call (717) 741-9063, extension 3140.**