

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About this notice

In this notice,

You refers to the patient. If the patient is a minor or unable to represent him/herself, the parent/guardian can make most decisions about use or disclosure of the patient's health information.

Protected Health Information (PHI) is information about you or your health care. We understand that your PHI is personal. We will protect the privacy of your PHI and rights to access and/or change that information.

Disclosure is the release, transfer, or access to PHI outside of Chestnut Hill Pediatrics.

This notice describes:

- How Chestnut Hill Pediatrics will use or disclose your PHI, your rights, and our responsibilities
- The PHI uses and disclosures we can make without your permission, those that we can make unless you ask us not to, and those that usually require your written approval
- Your rights to request: limits on some uses and disclosures; how we communicate with you; how you can see, change or get a copy of your PHI; and how to get a list of some past disclosures

By law, Chestnut Hill Pediatrics must:

- Take appropriate and reasonable steps to keep your PHI private, except as described in this Notice and applicable laws
- Give you this Notice of our legal PHI duties and privacy practices, and make a reasonable effort to document that you have received it
- Post and follow the terms of the Notice that is currently in effect. We may revise the Notice, and apply its new terms to all PHI we maintain.

To whom this notice applies

This notice applies to Chestnut Hill Pediatrics, its physicians, nurses, and other personnel.

Privacy rights of parents and children

Parents and legal guardians may generally exercise the rights of their minor children (under 18 years of age) including the right to access PHI. At times a minor may exercise these rights and may even legally keep information confidential from his or her parents. For example, a minor has the rights of an adult with respect to diagnosis and care of some conditions (defined by law) such as sexually transmitted diseases, drug dependency, and pregnancy. In addition, minor patients who are married, gave birth to a child, or meet other legal criteria are considered "emancipated" and have the rights of an adult.

Uses and disclosures without your authorization

Generally, we may use and disclose your PHI to provide *patient care*, receive *payment for services*, support *health care operations, contact you*, and perform *research*.

We also provide information to comply with laws and regulations about *public health and safety, health institution oversight, work-related claims, lawsuits and disputes, and law enforcement*.

We may share PHI with businesses that work with us

Chestnut Hill Pediatrics works with others who provide services for us. For example, they may help coordinate care, obtain payment, evaluate health care operations, analyze data, test software, represent us legally, or arrange publicity.

Our agreements with these businesses assure that PHI will be protected, used only as agreed, and disclosed only as needed.

Patient care

To care for you we may use or disclose your PHI to:

- Provide, coordinate or manage health care related services. We may share information with other health care providers. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other services

- Refer you to another health care provider, such as a specialist, home health agency, ambulance or transport company, and/or rehabilitation hospital
- Clinicians who previously treated or referred you to Chestnut Hill Pediatrics and to clinicians who will treat you after you leave Chestnut Hill Pediatrics.

Payment for services

To obtain approval, bill and collect payment for treatment and services we may use or disclose PHI to:

- You or your financial representative
- An HMO, insurance company, government payer, collection agency, or other organization
- Consumer reporting agencies or credit bureaus.

There are some exceptions. For example, payers may not receive information (defined by law) when a minor patient identifies a visit as confidential.

Health care operations

We may disclose PHI to perform administrative and business activities (health care operations). Examples include using or disclosing PHI to:

- Review and improve health care quality, lower costs, coordinate care, and provide information about treatment alternatives, educational programs, or new procedures
- Review and evaluate the skills, qualifications, and performance of our staff or others
- Provide training programs for students, health care providers, and other professionals to help them learn, practice or improve skills
- Cooperate with organizations, government agencies, or accrediting groups to review the quality of care we and others provide
- Cooperate with organizations that evaluate, certify, or license health care providers, staff, programs, or facilities
- Plan and manage Chestnut Hill Pediatrics operations and services; including alliances, joint ventures, asset sales and mergers
- Maintain and support information and computer systems
- Investigate and resolve a family, patient, or staff complaint
- Investigate and follow-up on abuse or fraud complaints
- Comply with this Notice and with applicable laws.

Contact with you

We may use your PHI to contact you at the address and telephone numbers you give us (including leaving phone messages).

We may contact you to:

- remind you of an appointment or to notify you that it has been cancelled or rescheduled
- discuss registration, insurance, billing, or payment
- conduct pre-procedure assessments and to provide pre-procedure instructions
- provide test results, patient care information, and/or follow-up care instructions
- recommend care options or alternatives, benefits, services, programs, products, and/or other health care providers.

Research

You will never receive health care solely for research purposes without your consent. However, in some cases, informational research may be done, without your written authorization. For example, Chestnut Hill Pediatrics researchers may work with health information that does not include names or other personal information.

Chestnut Hill Pediatrics may use or disclose PHI for research that is approved by the Children's Hospital Institutional Review Board (IRB) if it involves minimal risks, protects against misuse and disclosure, and meets other legal requirements. Staff may use PHI to prepare for research or contact you about research studies for which you qualify.

PHI acquired, used, or created for research may be used or disclosed for care, payment, health care operations, or other purposes where authorization is not required. For example, we may tell your doctors of clinical research activities that could affect your care.

Public health and safety

We may disclose or report PHI as required by federal, state, or local law or if we in good faith believe that it will prevent or lessen a serious threat to the health and safety of the public or another person. We may report to public health, child protection, domestic violence, health care system oversight, government benefits, public safety, medical research, and/or product safety agencies. For example, we report

- some infectious diseases, births and deaths, abuse and neglect, burn injuries, cancers, childhood vaccine injuries, some wounds, and sexual assaults

- communicable diseases (except where prevented by law) to people who may have been exposed or who are at risk of contracting or spreading a disease or condition, or, to a public health authority managing a communicable disease investigation or intervention
- PHI necessary to perform the duties of coroners, medical examiners, or funeral directors. For example, they may use PHI to identify a deceased person or determine the cause of death
- medication reactions or product problems to assess the safety and effectiveness of some drugs and medical equipment or to notify product users of recalls
- government-regulated product tracking information
- donor or recipient data to organ banks and other organizations involved in organ, eye or tissue procurement, transplantation, or donation
- information we believe can help prevent or lessen a public safety threat, including giving information to the potential subject of the threat
- information requested by authorized federal officials and permitted by law for intelligence, counterintelligence, and other national security activities
- information requested by authorized federal officials and permitted by law to protect government officials or foreign heads of state, or to conduct special investigations into threats against those persons.

Health institution oversight

We comply with health oversight agencies for activities authorized by law. These activities include audits, investigations, inspections, and licensure. The government uses this information to monitor health care systems, government programs, and compliance with civil rights laws.

Work-related claims

We report information to comply with

- workers' compensation or similar programs that provide benefits for work-related injuries or illness
- laws about workplace-related injuries or illnesses, or workplace-related medical investigation
- military command authorities who require PHI about members of the armed forces. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Lawsuits and disputes

We report information to respond to a

- Court or administrative order
- Other lawful legal process, in certain circumstances.

Some "privileged" information, such as sexual assault counseling, psychotherapy details, and some social work PHI, can be shared in a court or administrative proceeding only with your permission or under certain circumstances.

Law enforcement

We may release PHI to a law enforcement official, with some limitations.

Examples include:

- In an emergency to report a crime, the location of the crime or victims; and the identity, description, or location of the person who committed the crime
- In support to a court order, administrative order or request, grand jury subpoena, judicial subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- To prove PHI about a crime or domestic violence victim (if the victim agrees), or if immediate law enforcement activity against someone other than the victim depends on disclosure and the information is not intended for use against the victim
- About a death we suspect may be caused by criminal conduct
- Evidence of criminal conduct at Chestnut Hill Pediatrics
- To identify or catch an individual who has escaped a correctional institution or other lawful custody, or who has admitted participation in a violent crime that we reasonably believe may have caused serious physical harm to a victim
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the institution or official. This may be necessary for the institution to provide health care to you, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Other uses and disclosures

You or your guardian can object to sharing information with others. If you cannot make your wishes known, we will use our best judgment to decide whether to share information. Unless you object, we may use or disclose your PHI as follows:

- We may share PHI with others you identify as participants in your care. We will share only PHI directly related to that person's involvement in or payment of your care. We may also share PHI necessary to notify them of your location, general condition, or death. We will only share information that we believe others need to know. This does not permit other people to get any information they want about you; instead it allows us to share information with those people if we believe it is in your best interest and if you have not specifically objected to its use or disclosure. In some cases, laws prevent sharing PHI with your parents without your consent. We will follow all such Massachusetts and Federal laws.
- We may share PHI with a public or private agency (for example, American Red Cross) for disaster relief purposes.

In addition, we may display photographs, letter, cards, or artwork that you give to us. We may display these items but we will not show your full name or address. Please tell us if you do not want the picture or card displayed when you give it to us.

Uses and disclosures you must authorize

ANY USE OR DISCLOSURE OF YOUR PHI OTHER THAN PREVIOUSLY DESCRIBED IN THIS NOTICE REQUIRES YOUR WRITTEN AUTHORIZATION

Your authorization (permission) must describe who will use, disclose, and/or receive PHI; the purpose of the use or disclosure, the date of your request, the date your request expires, and your signature.

You may cancel your permission in writing at any time. Submit your cancellation request to the same person who gave you your written authorization.

Your cancellation of authorization will apply to future uses and disclosure with three exceptions:

1. We must keep records of care we provide and we can use or disclose your PHI for purposes where an authorization is not required.
2. In some research, it may be necessary to keep, use, or disclose PHI that was previously approved to ensure the integrity of the research project; however, further collection of other PHI would stop when your cancellation takes effect.
3. Although we cannot take back any disclosure we have already made with your authorization, we will make reasonable efforts to notify persons we have shared it with of your wishes.

Your protected health information rights

You can request limits on uses and disclosures of your PHI

You can ask that we restrict (limit) use or disclosure of your PHI. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency care. We must provide information to comply with law enforcement and regulatory agencies.

Submit your written request to Chestnut Hill Pediatrics. In your request, tell us the PHI you want to limit, if you want to limit our use, disclosure or both, and to whom you want the limits to apply.

You can request how we communicate with you

You can request how and where we communicate with you. We will make reasonable efforts to meet your request within the limits of our current systems. Our efforts to meet your request may depend on your actions. For example, we may comply with a request for contact at an address other than your home if you tell us how you will receive bills and if we believe that we can meet your request.

You can request to see and/or receive a copy of your PHI

You can request to see and/or receive a copy of PHI (except for psychotherapy notes) contained in clinical, billing, and other records used to make decisions in your care.

Submit your written request to:

CHESTNUT HILL PEDIATRICS
25 Boylston Street, Suite 112
Chestnut Hill, MA 02467
Fax (617) 232-9376

We may charge a fee for the cost of copying, mailing or other supplies associated with your request, and we may take a reasonable time to fulfill your request.

We may deny your request to see and/or copy your information if

- you do not provide proper identification

- you have not given us the time we need to fulfill your request
- you are requesting disclosure the law does not allow
- you are requesting information that is part of clinical research and access to it has been suspended during research
- the record contains confidential information from someone other than a health care provider and disclosing it would put that person at risk
- the PHI was collected to prepare for civil, criminal, or administrative case
- you do not pay the requested copying or mailing fees.

If you are denied PHI access, you can ask that the denial be reviewed. Except in cases where you have no legal right of review, Chestnut Hill Pediatrics will ask another licensed health care provider to review your request and the denial. The reviewer will not be the person who denied your original request. We will comply with the outcome of the review.

You can request changes to your PHI

You can ask us to change or add to PHI you feel is incorrect or incomplete. Generally, content cannot be removed from your record, but corrections or clarification can be added.

Submit your written request, including reason for the change, to Chestnut Hill Pediatrics.

We may deny your request if:

- your request is not in writing or does not include a reason to support it
- we did not create the information. We may fulfill an amendment request if the person or entity that created the PHI is no longer available
- the PHI of the request is not information kept by or for Chestnut Hill Pediatrics
- the PHI is not information that you would be allowed to see and/or copy
- we believe the PHI is accurate and complete

You can request a list of some PHI disclosures

You can ask for a list of some PHI disclosures. Unless a government agency requests that we delay our response, we will provide you with a list of PHI disclosures except those

- that you authorized
- made for purposes of treatment, payment or health care operations
- made to you, or to others designated by you
- that occurred as a result of permitted uses and disclosures
- from hospital inpatient directory
- for national security and intelligence, or to law enforcement or correctional officials
- that do not include identifiable data

Submit your written request to Chestnut Hill Pediatrics. The first list you request within a 12-month period is free. We may charge you for the cost of providing additional lists. We will notify you of the cost and you can modify or withdraw your request before the fee is charged.

You can request a paper copy of this notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Please contact the office.

You can file a complaint about our privacy practices

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the U.S. Department of Health and Human Services.

- Submit a written complaint about the office to Chestnut Hill Pediatrics / 25 Boylston Street / Suite 112 / Chestnut Hill, MA 02467.
- Submit a written complaint to The Office for Civil Rights, U.S. Department of Health and Human Services/ Government Center / J.F. Kennedy Building Room 1875/ Boston, Ma 02203; Fax: 617-565-3809, E-mail: ocrcomplaint@hhs.gov

Chestnut Hill Pediatrics prevents our staff from taking any action against you for making a complaint. If you believe this has happened, immediately contact the office.

Questions about this notice

If you have questions about this notice, contact the office at:

Chestnut Hill Pediatrics
25 Boylston Street, Suite 112
Chestnut Hill, MA 02467
Telephone (617) 277-2541
Fax (617) 232-9376

Notice revisions

FROM TIME TO TIME CHESTNUT HILL PEDIATRICS MAY CHANGE THIS NOTICE, AND THE PROCEDURES AND RULES DESCRIBED IN IT WITHOUT ADVANCE NOTICE AND WITHOUT YOUR CONSENT.

As the law permits, we reserve the right to change this Notice, and to do so without advance information or consent. We also reserve the right to make the Notice effective for PHI we already have as well as information we receive in the future. We will post a copy of the current Notice in the office. The effective date of the Notice will be written on the first page in the top right corner.