

BIRTH & BEYOND HIPAA PRIVACY NOTICE

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

1. INTRODUCTION

Birth and Beyond Pediatrics is required by law to maintain the privacy of “protected health information.” “Protected health information” includes any identifiable information we obtain from you or others that relates to your or your children’s physical or mental health, the health care you have received, or payment for you or your children’s health care.

**** Throughout this Notice, the term “your” health, treatment or health information, shall jointly refer to and include all patients of Birth & Beyond, including but not limited to you as a patient of Birth & Beyond as well as your minor children, the children in which you have proper authorization for Birth & Beyond to provide medical care to, and/or those children that you are legal guardian of.**

As required by law, this notice provides you with information about your or your children’s rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your or your children’s protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of the most current privacy notice from our Privacy Officer. Instructions on how to make such requests and the contact information for the Privacy Officer is at the bottom of this document. The laws governing this notice and Birth and Beyond Pediatrics obligations there under include:

1.1 The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required the Department of Health and Human Services (HHS) to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

1.2 The Health Information Technology for Economic and Clinical Health Act (HITECH) enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA). Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

1.3 The Patient Protection and Affordable Care Act of 2010 (ACA). The ACA builds upon HIPAA with new and expanded provisions, including requirement to adopt operating rules for each of the HIPAA covered transactions; a unique, standard Health Plan Identifier; and a standard for electronic funds transfer. ACA requires that health plans certify their compliance with the standards and operating rules, and increases penalties for noncompliance.

2. APPLICATION OF NOTICE AND RIGHT TO AMEND

This Notice of Privacy Practices describes how we may use and disclose your or your children’s protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your or your children’s protected health information. “Protected health information” is information about you or your children, including demographic information, that may identify you and that relates to your or your children’s past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website,

or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your or your children's next appointment.

3. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your or your children's protected health information may be used and disclosed by your or your children's physician, our office staff and others outside of our office who are involved in your or your children's care and treatment for the purpose of providing health care services to you. Your or your children's protected health information may also be used and disclosed to pay your or your children's health care bills and to support the operation of your or your children's physician's practice.

Following are examples of the types of uses and disclosures of your or your children's protected health information that Birth & Beyond is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

3.1 Treatment: We will use and disclose your or your children's protected health information to provide, coordinate, or manage your or your children's health care and any related services. This includes the coordination or management of your or your children's health care with another provider. For example, we would disclose your or your children's protected health information, as necessary, to a home health agency that provides care to you or your children. We will also disclose protected health information to other physicians who may be treating you. For example, your or your children's protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your or your children's protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your or your children's physician, becomes involved in your or your children's care by providing assistance with your health care diagnosis or treatment to your or your children's physician.

3.2 Payment: Your or your children's protected health information will be used and disclosed, as needed, to obtain payment for your or your children's health care services provided by us or by another provider. This may include certain activities that your or your children's health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your or your children's relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

3.3 Health Care Operations: We may use or disclose, as needed, your or your children's protected health information in order to support the business activities of your or your children's physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities. "For example, we may disclose your or your children's protected health information to review the quality of care provided by our health care providers."

- We will share your or your children's protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your or your children's protected health information, we will have a written contract that contains terms that will protect the privacy of your or your children's protected health information.
- We may use or disclose your or your children's protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you or your children. You may contact our Privacy Officer to request that these materials not be sent to you.
- We may use or disclose your or your children's demographic information and the dates that you received treatment from your or your children's physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

- We may use or disclose your or your children’s protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:
 1. **Required By Law:** We may use or disclose your or your children’s protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
 2. **Public Health:** We may disclose your or your children’s protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
 3. **Communicable Diseases:** We may disclose your or your children’s protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
 4. **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
 5. **Abuse or Neglect:** We may disclose your or your children’s protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your or your children’s protected health information if we believe that you or your children have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
 6. **Food and Drug Administration:** We may disclose your or your children’s protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
 7. **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
 8. **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice’s premises) and it is likely that a crime has occurred.
 9. **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. If you or your children are organ donors, protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

10. **Research:** We may disclose your or your children's protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your or your children's protected health information.
11. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your or your children's protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This would include the observation or belief in any harm or threat of harm to a child. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
12. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your or your children's eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your or your children's protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
13. **Workers' Compensation:** We may disclose your or your children's protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
14. **Inmates:** We may use or disclose your or your children's protected health information if you are an inmate of a correctional facility and your or your children's physician created or received your or your children's protected health information in the course of providing care to you.

4. **USES AND DISCLOSURES OF PHI BASED UPON WRITTEN AUTHORIZATION**

By law, certain uses or disclosures of your or your children's protected health information require us to obtain a prior written authorization, including the following:

4.1 **Psychotherapy Notes:** We must obtain an authorization for any use or disclosure of psychotherapy notes, except that (a) the health care provider who creates the notes may use them for treatment, (b) we may use the notes for our own training programs, in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling, and (3) we may use the notes to defend ourselves in a legal action or other proceeding brought by you.

4.2 **Marketing:** We must obtain your or your children's authorization for any use or disclosure of your or your children's protected health information for marketing, except for (a) face-to-face communication that we make to you or (b) promotional gifts of nominal value that we provide to you or your children.

4.3 **Sale of Protected Health Information:** We must obtain your authorization or any sale of your or your children's protected health information.

4.4 **Other:** Other uses and disclosures of your or your children's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your or your children's protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

5. **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE OPPORTUNITY TO AGREE OR OBJECT**

We may use and disclose your or your children's protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your or your children's protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your or your children's physician may, using professional judgment, determine whether the disclosure is in your or your children's best interest.

5.1 Facility Directories: Unless you object, we will use and disclose in our internal business records your or your children's name, the location at which you are receiving care, your or your children's general condition, and your or your children's religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your or your children's religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

5.2 Others Involved in Your or Your Children's Health Care or Payment for Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your or your children's protected health information that directly relates to that person's involvement in your or your children'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 or your children's best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your or your children's care of your or your children's location, general condition or death. Finally, we may use or disclose your or your children's protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your or your children's health care.

6. PATIENTS' RIGHTS

Following is a statement of your or your children's rights with respect to your or your children's protected health information and a brief description of how you may exercise these rights.

6.1 You have the right to inspect and copy your or your children's protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your or your children's medical record that contains medical and billing records and any other records that your or your children's physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your or your children's records.

6.2 Under federal law, however, you may not inspect or copy the following records: psychotherapy notes (unless specifically approved by the author of such records); information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your or your children's medical record.

6.3 You have the right to request a restriction of your or your children's protected health information. This means you may ask us not to use or disclose any part of your or your children's protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your or your children's protected health information not be disclosed to family members or friends who may be involved in your or your children's care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

6.4 Your or your children's physician is not required to agree to a restriction that you may request. If your or your children's physician does agree to the requested restriction, we may not use or disclose your or your children's protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your or your children's physician. You may request a restriction by contacting Birth and Beyond Pediatrics and providing written notification of how your or your children's PHI is to be restricted from disclosure.

6.5 You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We

will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

6.6 You may have the right to have your or your children’s physician amend your or your children’s protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your or your children’s medical record.

6.7 You have the right to receive an accounting of certain disclosures we have made, if any, of your or your children’s protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your or your children’s care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

6.8 You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

6.9 You have the right to restrict certain disclosures of protected health information to a health plan when you (or any person other than the health plan) pay for the treatment at issue out of pocket in full.

7. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your or your children’s privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your or your children’s complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Shellie Rogers at (918)-493-1114 or srogers@drsood for further information about the complaint process.

When there is an acquisition, access, use, or disclosure of unsecured protected health information in a manner not permitted under HIPAA which could pose a significant risk of financial, reputational, or other harm to the individual, it is referred to as a HIPAA breach. In the unlikely event that there is a HIPAA breach involving your or your children’s Protected Health Information, you will be notified of the event and what Protected Health Information was involved.

Patient Signature (If an adult)

Date

If Patient is a Minor:

Patient’s/Minor’s Name (print)

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

