

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION  
EFFECTIVE APRIL, 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 the:

**Live Well Pediatrics**  
171 Franklin Turnpike Suite 110  
Waldwick, NJ 07463  
Privacy Line 201-612-5100

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes our office's practices and that of:

- Any health care professional authorized to enter information into your chart;
- All departments and affiliates of the **Live Well Pediatrics**
- All employees, staff, and other personnel and students.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or office operation purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at **Live Well Pediatrics**. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the office, whether made by our personnel or your personal doctor. Your other personal doctor's may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which **Live Well Pediatrics** may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**We are required by law to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and,
- Follow the terms of this notice.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Disclosure at Your Request:**

We may disclose information when requested by you. You must submit your request in writing utilizing the "Authorization for the Use or Disclosure of PHI" to Live Well Pediatrics.

### **For Treatment:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, medical assistants, technicians, students, or other office personnel who are involved in taking care of you. **For example**, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to people outside the office who may be involved in your medical care after you leave the office, such as family members, clergy or others (skilled nursing facilities, home health agencies, transport companies, community agencies, physicians or other practitioners/agencies) we use to provide services that are part of your care. This information is stored in the office computer system and is accessible via a secured network and/or interface transmission to authorized healthcare providers in order to make sure they have your information as quickly as possible to treat you.

### **For Payment:**

We may use and disclose medical information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company or a third party. **For example**, we may need to give your health plan information about a procedure you received at the office so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the office who are involved in your care, to assist them in obtaining payment for service they provide you.

### **For Health Care Operations:**

We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. **For example**, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical office information about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, medical assistants, technicians, students, and other office or healthcare personnel for review, performance improvement and educational purposes. We may also combine the medical information we have with medical information from other offices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We may share your Protected Health Information with third parties who perform services for us such as transcription or billing. In these cases, we have written agreements with the third parties that they will not use or disclose your information for any other purpose except as required by law.

### **Appointment Reminders:**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the office. If you do not want us to contact you, you must complete a **“Request for Special Restriction on the Use or Disclosure of PHI.”**

### **As Required By Law:**

**We will disclose medical information about you when required to do so by federal, state or local law.**

### **To Avert a Serious Threat to Health or Safety:**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **Public Health Reporting:**

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law; and
- to notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

### **Health Oversight Activities:**

We may disclose medical information to a health oversight agency for activities authorized by law. **For example**, these oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your attorney about the request (which may include written notice to you). You may then obtain a motion to protect your information.

### **Law Enforcement:**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the office; and,
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## Special Categories of Information:

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. **For example**, there are special restrictions on the use or disclosure of certain categories of information - e.g. tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

### Right to Inspect and Copy:

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing utilizing the "**Authorization for the Use or Disclosure of PHI**".

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

### Right to Amend:

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office. To request an amendment, your request must be made in writing utilizing the "**Request to Amend PHI**". In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us. **Exception:** if the person who created the information is unavailable to act on your request to amend it, we may consider your request if we can verify this information. **For example**, the doctor Who originally created the information has died and you have no other way to obtain the amendment;
- Is not part of the medical information kept by or for the office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect.

### **Right to an Accounting of Disclosures:**

You have the right to request an accounting of disclosure by completing the “**Request for an Accounting of Disclosures**”. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

### **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **For example**, you could ask that we not use or disclose information about a procedure you had. ***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 you emergency treatment.

To request restrictions, you must make your request by utilizing the “**Request for Special Restriction on the Use or Disclosure of PHI**”. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. **For example**, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing by completing the “**Request for Restriction on the Manner of Confidential Communication**”. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at **Live Well Pediatrics** for treatment or health care services as a patient, we will have a copy of the current notice in effect available to you.

**Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this notice. You may obtain a copy of this notice at our office, or on our website, [www.livewellpediatrics.com](http://www.livewellpediatrics.com).

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact Live Well Pediatrics at 201-612-5100. All complaints must be submitted in writing and may be mailed or hand delivered to the office. **You will not be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.