



Effective Date: September 1, 2013

Notice of Privacy Practices

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.

Purpose

Alice Pediatric Clinic (APC), and its professional staff, employees and Medical Staff follow the privacy practices described in this Notice. This Notice, which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), describes the general ways your protected health information (“PHI”) may be used and disclosed in order for Alice Pediatric Clinic to provide you with medical treatment, to collect payment for the services rendered to you by Alice Pediatric Clinic, and to facilitate Alice Pediatric Clinic health care operations. PHI, as defined by HIPAA, means your personal health information, including genetic information, which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment, and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

Your Health Information Rights

You have the following rights regarding your PHI. Forms are available on our website, <http://www.alicepediatric.com>, or by contacting Alice Pediatric Clinic Privacy Office at (361) 664-9353.

- **A copy of this Notice.** You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained from any registration desk. You may obtain an electronic copy of this Notice on our web site, <http://www.alicepediatric.com>
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by APC. APC may charge you a reasonable fee for copying your information. You must make this request in writing.
- **Request amendment.** If you believe your PHI maintained by APC is incorrect or incomplete, you may request an amendment to your information. APC is not required to agree to your request. This request must be in writing and you must provide a reason for the request.
- **Request restriction.** You may request limitations on how APC uses and/or discloses your PHI. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you have the right to request APC not disclose information to your health plan about the item or service. APC is required to agree to that request as long as you have already paid in full for the item or service. Otherwise, APC is not required to agree to your request. If APC agrees to your request, APC will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.
- **Receive confidential communications.** You may request communications from APC regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted. You must make this request in writing.
- **Accounting of disclosures.** You may request a list of disclosures made by APC of your PHI to persons or entities other than for the purposes of treatment, payment, or health care operations, or pursuant to your specific authorization. This list will contain each disclosure APC has made for the past six (6) years, unless you request a shorter time period. If you make more than one request in a 12-month period, APC may charge you a reasonable fee.

Alice Pediatric Clinic Responsibilities

APC is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with notice of APC legal duties and privacy practices with respect to your PHI. APC will notify you if there is a breach of your unsecured PHI. APC is required to abide by the terms of this Notice as long as it is in effect. If APC revises this Notice, APC will follow the terms of the revised Notice as long as it is in effect.

Use and Disclosure of Your Protected Health Information

The following is a list of ways APC may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways APC is permitted to use and disclose your PHI will fall within one of the bold-faced print sections below. Your PHI may be disclosed electronically.

- **Treatment.** APC may use your PHI to provide you with medical treatment or services. APC may disclose your PHI to doctors, nurses, technicians, medical students, or other members of your health care team at APC to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell a dietitian that you have diabetes so appropriate meals can be arranged. APC also may disclose your PHI to people outside APC who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic).
- **Payment.** APC may use and disclose your PHI to obtain payment from your insurance company or a third party. For example, APC may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, APC may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
- **Health Care Operations.** APC may use and disclose your PHI for routine health care operations. Health care operations at APC include, but are not limited to, training and education programs; reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap insurance; conducting legal services and auditing services; conducting business planning and development activities; conducting risk management activities and investigations; and managing the business and general administrative activities of APC. APC may also disclose your PHI to your other health care providers to assist them in their health care operations.
- **Appointments and Alternatives.** APC may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs, and other communications regarding your case management or health care coordination.
- **Business Associates.** APC may disclose your PHI to APC business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** APC may disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. APC may also disclose PHI about patients of APC to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, APC may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Essential Government Functions.** APC may disclose your PHI for essential government functions, such as conducting intelligence and national security activities that are authorized by law or providing protective services to the President and others.
- **Group Health Plans.** APC maintains a group health plan for its employees, and may disclose PHI of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.
- **Health Oversight Activities.** APC may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Health-Related Benefits and Services.** APC may use and disclose your PHI to inform you about health-related benefits or services that may be of interest to you or to provide you a promotional gift of nominal value.
- **Individuals Involved in Your Care or Payment for Your Care.** APC may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** APC may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** APC may disclose your PHI in response to a court or administrative order. In addition, APC may disclose your PHI in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.
- **Legal Requirements.** APC may use and/or disclose your PHI when required to do so by federal, state, and/or local law.
- **Military and Veterans.** If you are a member of the United States Armed Forces or of a foreign military service, APC may use and/or disclose your PHI as required by United States military command authorities or appropriate foreign military authority.
- **Organ and Tissue Donation.** APC may disclose PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Public Health Activities.** As required by law, APC may disclose your PHI for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying

government authorities of suspected abuse, neglect or domestic violence. APC may disclose portions of your PHI to local, state, and/or federal registry programs as required.

- **Research.** APC may disclose your PHI to researchers when the research has been approved in compliance with HIPAA regulations and protocols have been established to ensure the privacy of your PHI.
- **Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools).** APC may disclose your immunization records to a school if the school is required by law to have proof of immunization prior to admitting the student and you or your authorized representative verbally agree to the disclosure.
- **Serious Threat to Health or Safety.** APC may use and disclose your PHI when APC deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Workers' Compensation.** APC may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.

Written Authorization

Except as described above, APC will not use or disclose your PHI unless you authorize APC to do so, using a valid, written authorization. Most uses and disclosures of psychotherapy notes, which are kept separate from the rest of your medical record, will only occur with your written authorization. APC will not use or disclose your PHI for marketing purposes, including subsidized treatment communications, without a written authorization. APC will not sell your protected health information without a written authorization. If you wish to revoke a prior authorization, you must do so in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization.

An Authorization form and Revocation of Authorization form are available on our website, <http://www.alicepediatric.com>, or by contacting the Alice Pediatric Privacy Office at (361) 664-9353.

Changes to This Notice

APC reserves the right to change this Notice and to make the revised Notice effective for PHI APC already has about you as well as any information APC receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at patient service locations throughout APC and on our website, <http://www.alicepediatric.com>. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at or are admitted to any APC entity for treatment or health care services as an inpatient or outpatient, APC will have available for you, at your request, a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the APC Family Advocacy Office at (361) 664-9353. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint. APC may not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact APC Privacy Office at (361) 664-9353.