

## NOTICE OF OFFICE PRIVACY POLICY

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

### Medical Information Privacy Policy

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you and your children receive in this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will inform you of the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### Our Legal Duty

#### The Law Requires Us to:

- 1--Keep your medical information private.
- 2--Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- 3--Follow the terms of the notice that is now in effect.

#### We Have The Right To:

- 1--Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- 2--Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created and received before the changes.

#### NOTICE OF CHANGE TO PRIVACY PRACTICES:

- 1--Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. Not every disclosure will be listed. However, we have listed all the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written Authorization you provide may be revoked at any time by you in writing to this office.

#### 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 technicians, medical students or other office administrators who are taking care of you. We may also share medical information about you to your other healthcare providers who are outside of this office to assist them in treating you.

**FOR PAYMENT:**

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We may use and disclose your medical information for payment purposes.

**FOR HEALTHCARE OPERATIONS:**







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We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES:**






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In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes:

-  **NOTIFICATION:** Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, radiological or medical information for you.
-  **DISASTER RELIEF:** Medical information with a certified public or private organization who can legally assist in disaster relief efforts.
-  **RESEARCH IN LIMITED CIRCUMSTANCES:** Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
-  **FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER:** To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.
-  **SPECIALIZED GOVERNMENT FUNCTIONS:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
-  **COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a Law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a Law enforcement official or correctional institution under certain circumstances.

**BELILOVSKY PEDIATRICS**



**NOTICE OF OFFICE PRIVACY POLICY—Continued Page 3**

-  **PUBLIC HEALTH ACTIVITIES:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
-  **VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may disclose medical information to appropriate authorities if we reasonably believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health and safety of other. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped legal custody.
-  **WORKERS COMPENSATION:** We may disclose medical information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
-  **HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to an agency providing health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
-  **LAW ENFORCEMENT:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.



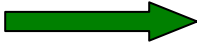
**YOUR INDIVIDUAL RIGHTS**


**YOU HAVE THE RIGHT TO:**


-  **1--Look at or get copies of your medical information.** You may request copies of your records to be sent by FAX but we reserve the right to refuse and only provide copies by mail if FAX-ing is impractical due to size of the record or the ability to FAX documents is impaired. ALL requests for copies of your medical information must be made in writing. In the case of the Medical Information of a Child or Dependent, the person signing the request form must be the legally recognized GUARDIAN of the Child and must denote his/her relationship to the child in writing on the request form.  
This request for records can be done a) in person, b) by mail, c) or by Fax. If you are requesting the records from another doctor's office, use a form that denotes the FULL NAME of the Medical Facility or Doctor, the FULL Address of the Medical Facility or Doctor including Suite #, City, State and Zip Code, Contact Phone number and optional FAX Number. If requesting copies for yourself, you will be charged \$.75 per page of photocopy, plus Mailing Postage if you want the copies mailed to you. Please contact the Operations Manager for a full explanation of the Photocopy/Mailing Fee Structure.
-  **2--Receive a List of all the times we or our business associates shared your medical information for purposes OTHER than treatment, payment, and health care operations and other specified exceptions as previously listed above.**

## BELILOVSKY PEDIATRICS

### NOTICE OF OFFICE PRIVACY POLICY—Continued Page 4

 **3--Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (Except in the case of an emergency) All requests must be addressed to the Operations Manager.**

 **4--Request that we communicate with you about your medical information by different means or to different locations. This request Must be made in Writing and in the case of the medical information of a child Must be signed by the Legal Guardian of the child in question with the relationship clearly noted. All requests must be addressed to the Operations Manager.**

 **5--Request that we change your medical information. We may deny your request if we did not create the information you want changed (Such as Insurance Information) or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the record change request Denial Explanation for review. If we accept and act upon your request for information change, we will make reasonable efforts inform other, including persons you name, or the change and to the changes in any future sharing of that information.**

### QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact the Operations Manager. You may also submit a written complaint to the US Dept of Health and Human Services. We will provide you with the Address to file your complaint with Health and Human Services. There will be no retaliation or improper handling of your care if you choose to file a complaint.