

Effective Date: April 14, 2003

Tri-Valley Pediatrics, Inc.
5565 West Las Positas Blvd., #240
Pleasanton, CA 94588
(925) 460-8444

NOTICE OF PRIVACY PRACTICE

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

WHO WILL FOLLOW THIS NOTICE

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The practices described, in this notice will also be followed by healthcare providers you consult with by telephone (when your child's regular healthcare provider from our office is not available) who provide "call coverage" for your healthcare provider.

YOUR CHILD'S HEALTH INFORMATION

This notice applies to the information and records we have about your child's health, health status, and the healthcare and services your child receives at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about your child and describes your rights and our obligation regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOUR CHILD

We must have written, signed consent to use and disclose health information for the following purposes:

For Treatment. We may use health information about your child to provide your child with medical treatment or services. We may disclose health information about your child to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of your child and his/her health.

For example, your child's doctor may be treating your child for a heart condition and may need to know if your child has other health problems that could

complicate your child's treatment. The doctor may use your child's medical history to decide what treatment is best for your child. The doctor may also tell another doctor about your child's condition so that doctor can help determine the most appropriate care for your child.

Different personnel in our office may share information about your child and disclose information to people who do not work in our office in order to coordinate your child's care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. We may also disclose medical information to members of your family or others who can help your child when your child is sick or injured.

For Payment. We may use and disclose health information about your child so that the treatment and services your child receives at this office may be billed to and payment may be collected from you, an insurance company, a third party or from a collection agency. For example, we may need to give your health plan information about a service your child received here so your health plan will pay us or reimburse you for the service. We may tell your health plan about a treatment your child is going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. Parent/Guardian information may be sent to the collection agency, if required for collection purposes.

For Healthcare Operations. We may use and disclose health information about your child in order to run the office and make sure that your child and our other patients receive quality care. For example, we may use your child's health information to evaluate the performance of our staff in caring for your child. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders. We may contact you as a reminder that your child has an appointment for treatment or medical care at the office. If you are not home or at your place of work, we may leave this information on your personal or business answering machine or in a message left with the person answering the telephone.

Treatment Alternatives. We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the front of the Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing your child with healthcare treatment and services.

SPECIAL SITUATIONS

We may use or disclose health information about your child without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person.

Required By Law. We will disclose health information about your child when required to do so by federal, state or local law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

National Security. Our practice may disclose health information about your child to federal officials for intelligence and national security activities by law. We also may disclose health information about your child to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Organ and Tissue Donation. If your child is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Workers' Compensation. We may release health information about your child for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Military. Our practice may disclose health information about your child if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Public Health Risks. We may disclose health information about your child for

public health reasons in order to prevent or control disease, injury or disability; or report births, death, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If your child is involved in a lawsuit or a dispute, we may disclose health information about your child in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about your child in response to a subpoena.

Law Enforcement. We may release health information if asked to do so by law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements,

Inmates. Our practice may disclose health information about your child to correctional institutions or law enforcement officials if your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to your child, (b) for the safety and security of the institution, and/or (c) to protect your child's health and safety or the health and safety of other individuals.

Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable. We may use or disclose health information about your child in a way that does not personally identify your child or reveal who your child is.

Family and Friends. We may disclose health information about your child to your family members or friends if we obtain your verbal or written agreement to do so and if we give you an opportunity to object to such a disclosure and you do not raise an objection. Our practice may release health information about your child to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not

object.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your child's best interest. In that situation, we will disclose only health information relevant to the person's involvement in your child's care. For example, we may inform the person who accompanied your child to the emergency room that your child suffered an asthma attack and provide updates on your child's progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your child's best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your child's health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about your child, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about your child for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about your child, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In

order to disclose these types of records for purposes of treatment, payment or healthcare operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOUR CHILD

You have the following rights regarding health information we maintain about your child:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your child's health information, such as medical and billing records, that we use to make decisions about your child's care. You must submit a written request to the

Privacy Officer in order to inspect and/or obtain a copy of your child's health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or obtain a copy in certain limited circumstances. If you are denied access to your child's health information, you may ask that the denial be reviewed. If such a review is required, by law we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by, this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the **Privacy Officer**. 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:

- . a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- . b) Is not part of the health information that we keep.
- . c) You would not be permitted to inspect and copy.
- . d) Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about your child for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the **Privacy Officer**. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the lists. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about your child for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about your child to someone who is

involved in your child's care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery your child 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 your child emergency treatment.

To request restrictions, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information to the **Privacy Officer**.

Right to Request Confidential Communication. 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 may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication to the **Office Manager**. 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.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact the **Office Manager**.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date on the front of this pamphlet. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the **Privacy Officer**, at Tri-Valley Pediatrics, Inc., 5565 W. Las Positas Blvd., #240, Pleasanton, CA 94588 (925) 460-8444. **You will not be penalized for filing a complaint.**

EFFECTIVE DATE: April 14, 2003 UP DATED: August 24, 2011