

# Watoto Pediatric & Adolescent Specialty, LLC

## Notice of Privacy Policies and Practices

Watoto Pediatric & Adolescent Specialty is committed to providing you and your family with the highest quality of health care while protecting the privacy and confidentiality of your family's health information. We are in compliance with all federally enacted legislation aimed at health care information privacy.

### A. Commitment to Your Privacy

The Department of Health and Human Services, Office of Civil Rights, under the Public Law 104-191, (The Health Insurance Portability and Accountability Act of 1996) (HIPAA), mandates that we issue this revised Privacy Notice to our patients. The following information describes how health information about patients in this practice may be used and disclosed, and how you may obtain access to this information. **PLEASE READ CAREFULLY.**

This notice of privacy policies and practice will be provided to every patient who must sign and date a Consent Agreement indicating that you have read and understood how your protected health information (PHI) is maintained and disclosed by Watoto Pediatric and Adolescent Specialty. Protected Health Information (PHI) is defined as: *"any information, whether oral or recorded in any medium, that is either created or received by a health care provider, health plan, public health authority, employer, life insurance company, school or university or clearinghouse and that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past present or future payment for the provision of health care to an individual."*

**Watoto Pediatric & Adolescent Specialty will post a copy of our Notice of Privacy Policies and Practices in a visible location in the office. You may request a copy of this notice at any time. Also, you may read this notice on our website at [www.Watotoped.com](http://www.Watotoped.com).**

### B. Use and Disclosure of Your PHI

The following areas describe how we may use and disclose your health information "Use" refers to the use of your PHI inside our practice. "Disclosure" refers to the release of your PHI outside our practice.

#### 1. Treatment

The physicians, nurses and other staff in the office may use or disclose your PHI in order to treat your child or to assist others in the treatment. When we require other treatment options, laboratory tests or other procedures, the results may be used to help us reach a diagnosis. We might use your PHI to write a prescription for your child, or we might disclose your PHI to a pharmacy when we order a prescription. Also, we may disclose your PHI to physicians whom you have chosen for referrals or others who may assist in the care of your child, such as your spouse or those designated in your signed parental consent.

#### 2. Payment

Our office may use and disclose your PHI in order to bill and collect payment for services. This may include your health insurer to certify that you are eligible for benefits or a third party that may be responsible for payment, such as a family member. Also, your PHI may be used to bill you directly for services.

#### 3. Appointment Reminders

Our office may use and disclose your PHI to contact you and remind you of an appointment.

#### **4. Special Circumstances**

We may use or disclose your PHI for the following:

- a. When we are required to do so by federal, state or local law.
- b. To public health authorities that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths;
  - reporting child abuse or neglect;
  - preventing or controlling disease, injury or disability;
  - notifying a person regarding a potential risk for spreading or contracting a disease or condition;
  - reporting reactions to drugs or problems with products or devices; and,
  - notifying individuals if a product or device they may be using has been recalled.
- c. To a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
- d. For research purposes in certain limited circumstances. We will obtain your written authorization to use the PHI for research purposes.
- e. When necessary to reduce or prevent a serious threat to the health of your child and safety or the health and safety of another individual or the public.

#### **C. When Disclosure Will Not Be Provided**

In accordance with Virginia law, we will not provide disclosure to the parent or guardian of minor child's PHI, without the written consent of the minor child, in the following circumstances:

1. Medical or health services needed to determine the presence of or to treat venereal disease or any infections or contagious disease which the State Board of Health requires to be reported;
2. Medical or health services required in case of birth control, pregnancy or family planning except for the purpose of sexual sterilization; except for any minor who is or has been married shall be deemed an adult for the purpose of giving consent for surgical and medical treatment;
3. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for substance abuse as defined by law.
4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

In accordance with Commonwealth of Virginia law, we will not provide copies of records to the child, even if the child is considered an adult by state law, where the treating physician has made a part of the patient's records a written statement that in his opinion the furnishing to or review by the patient of such records would be injurious to the patient's health or well-being. But in any such case, such records shall be furnished to the patient's attorney within fifteen days of the date of a written request. We will require a written authorization by the patient confirming the attorney's authority to make the request for copies.

#### **D. Patient and Family Rights Regarding Your PHI**

1. You have access to your health care information and may request to examine your information, may request copies of your information, and under the law you may request amendments to your information.
2. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or for any other reason.
3. You have the right to request that that we restrict our disclosure of your PHI to only certain individuals in your care or the payment for your care.

The physician or principal will exercise professional judgment with regard to requests for amendments and is not bound by law to make any changes to the information. If the physician or professional agrees with the request to amend the information, we are bound by law to abide by the changes. If you have any questions regarding this Notice of Privacy Policies and Policies, do not hesitate to contact us.

Effective date of this Notice is March 23, 2009.