

Child Health Associates HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please review carefully.

This notice of Privacy Practices describes how we may use and disclose your *protected health information* [PHI] to carry out treatment, payment, healthcare, or operations, and for other purposes that are permitted or required by law. This also describes your access and control of your protected health information.

Protected Health Information is information about you, including demographic information about you that may identify you and relates to your past, present, or future physical appearance, mental health, or condition diagnosed by Healthcare Services.

1. Uses and Disclosures of PHI:

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purposes of our providing healthcare services to you to pay for your healthcare bills and support the operation of the medical practice, and any other use required by law.

2. Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and related services, including the coordination or management of your healthcare with third parties.

For example, a home healthcare agency that provides care to you, a physician to whom you were referred, and to ensure that the physician has the necessary information to diagnose and treat you.

3. Payment:

Your PHI is used as needed to obtain payment for your healthcare services.

For example, a hospital stay may require that your PHI information be disclosed for approval of a hospital stay or precept if needed.

4. Healthcare Operations:

We may use or disclose, as needed, your PHI to support the business activities of your physician practice. The activities include but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will write your full name. Within the waiting room, we will also call your name when your physician is ready to see you. We may disclose your PHI when necessary to contact you regarding your appointment.

5. We may use your PHI without your authorization in the following situations

Required by Law, Public Health Issues as required by law, Communicable Diseases, Health oversight, Abuse or Neglect, legal proceeding, law enforcement, Coroners, Funeral Directors, Organ Donations, Research, Criminal activity, Military Activity, National Security, Workers Compensation, Inmates
Required Uses and Disclosures under the law: we must disclose to you and when required by the Secretary of the Department of Health and Human Services to Investigate or determine our compliance with the requirements of section 164.50a other permitted and required. Uses and disclosures will be made only with your consent authorization or opportunity to object unless required by law.

You may revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights to your Protected Health Information

You have the right to inspect and copy your protected health information.

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of or use in a civil criminal or administrative action or proceedings, and protected health information subject to law that prohibits the access of protected health information.

You have the right to request a restriction of your protected health information.

You may ask us not to use or disclose any part of your protected health information for treatment payment or health care operations. You may also request that any part of your protected health information not be disclosed to friends or family members who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. **Your physician is not required to agree to a restriction that you may request if the physician believes that it is in your best interest to permit the use and disclosure of your protected health information will not be restricted. You then have the right to use another health care professional.**

You have the right to request to receive confidential communications from us by alternative means, or at an alternative location.

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively. i.e., electronically.

You have the right to have your physician amend your protected health information.

If we deny your request for amendment, you have the right to file a statement of this agreement with us, and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made if any of your protected health information.

We reserve the right to change the terms of this notice and will inform you. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to our office or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and is effective as of April 14, 2003. We are required by law to maintain the privacy of and provide individuals with this notice of your legal duties and privacy practices concerning protected health information, if you have any objection to this form, please ask to speak with our HIPAA compliance officer in person or by phone at our main phone number. Your signature on our log only acknowledges receipt of this notice of our privacy policy.

Compliance Contact
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Phone # 609-750-1521