

## 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 of this Notice:** This Notice describes the health information practices of Norman Pediatric Associates or the "Practice."

**Our Pledge Regarding Patient Health Information:** We understand that information about a patient's health is personal. We are committed to protecting this health information. We create a record of the care and services a patient receives in our practice. We need this record to provide adequate care, to bill insurance companies and other payors, and to comply with other requirements. This notice applies to all health information and records of a patient's care maintained by Norman Pediatric Associates.

We are required by law to: ensure that health information that identifies a patient is kept private; give patients this Notice of our legal duties and privacy practices with respect to patients' health information; and follow the terms of this Notice.

**How We May Use and Disclose Patient Health Information:** The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and present an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We will use and disclose a patient's health information to provide the patient with treatment and services. For example, we may disclose a patient's health information to the patient's doctor, technicians, and others who need to know this information to provide services to the patient. We may also disclose a patient's health information to other doctors or health care providers outside of the Practice to arrange for other treatment or health care services, such as pharmacies and laboratories.

**For Payment.** We may release a patient's health information so that the treatment and services he or she receives may be billed to insurance companies and health plans and so that payment may be collected from the patient, an insurance company, or health plan. For example, we may need to inform a patient's health plan about the treatment the patient is receiving so that the health plan will authorize and pay for the treatment. We may also use and disclose a patient's health information to obtain payment from family members who may be responsible for paying for the patient's care.

**For Health Care Operations.** We may use and disclose a patient's health information during our routine health care operations, including quality assurance, utilization review, medical review, internal auditing, licensing, and credentialing and educational activities. For example, we may use the information in the patient's record to determine whether his or her care met our quality standards.

**Appointment Reminders.** We may use and disclose a patient's health information to contact the patient as a reminder that he or she has an appointment. We may do this by sending reminder post-cards, telephoning the patient at the phone number he or she has given us, or leaving a message on an answering machine at the phone number he or she has given us.

**Health-Related Business and Services.** We may use and disclose a patient's health information to send communications to the patient concerning treatment alternatives or other health-related products or services that may be of interest to the patient's care. If we receive payment from third parties for marketing their products or services in this manner, the patient has the right to opt out of receiving such communications.

**Business Associates.** We may disclose a patient's health information to our business associates with whom we contract to provide certain services for us. For example, we may contract with medical transcription services, auditors, accountants, lawyers, and billing companies. We require any business associate to agree in writing to maintain the privacy and confidentiality of a patient's health information.

**Individuals Involved in a Patient's Care or Treatment.** Unless the patient objects, we may provide a patient's health information to a family member or friend who is involved in the patient's care or treatment or the payment for the patient's care or treatment. During an emergency or a disaster, we may also disclose a patient's health information to an organization that is assisting in such an effort so that the patient's family may be notified of the patient's condition, status, and location.

**Research.** Under certain circumstances, we may disclose a patient's health information for research purposes. For example, a doctor may be doing research on how well patients do after taking a certain medication. However, any

research project is subject to a special approval process which ensures that there is no risk or minimal risk to the patient's privacy. In most cases, we will obtain the patient's written authorization before his or her health information is used in any research project.

**As Required By Law.** We will disclose a patient's health information when we are required to do so under federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose a patient's health information when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as a public health authority.

### **Special Situations:**

**Organ and Tissue Donation.** If the patient is an organ donor, we may release the patient's health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If the patient is a member of the armed forces or a veteran, we may release the patient's health information as required by military command authorities or the Department of Veterans Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release a patient's health information for workers' compensation or similar programs as authorized by state or federal law. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose a patient's health information for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose a patient's health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, such as Medicare and Medicaid, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** If the patient is involved in a lawsuit or a dispute, we may disclose the patient's health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell the patient about the request or to obtain a court order to protect the confidentiality of the information disclosed.

**Law Enforcement.** We may release a patient's health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release a patient's health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release a patient's health information to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities, Protection of the President and Others.** We may release a patient's health information to authorized federal officials for intelligence, counterintelligence, to protect the President and foreign heads of state and for other national security activities authorized by law.

**Inmates.** If the patient is an inmate of a correctional institution or under the custody of a law enforcement official, we may release the patient's health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide the patient with health care; (2) to protect the patient's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Other Uses of Patient Health Information:** If we must use or disclose a patient's health information for any other purposes that are not covered, we will first obtain the patient's written permission, referred to as an "authorization." For example, we are generally required to obtain an authorization from the patient before using or disclosing health information (1) relating to psychotherapy notes; (2) for most marketing purposes (which generally means communications about a product or service that encourage recipients of the communication to purchase or use the

product or service, with certain exceptions); and (3) most instances when the health information is sold to a third party in exchange for payment. If the patient provides us with an authorization, he or she may revoke that authorization in writing at any time. If the patient revokes the authorization, we will no longer use or disclose the patient's health information for that purpose. However, we are unable to take back any disclosures we may have already made in reliance of an earlier authorization.

**A Patient's Rights Regarding His or Her Health Information:** A patient has the following rights regarding the health information maintained by the Practice.

**Right to Inspect and Copy.** A patient has the right to inspect and copy his or her health information that may be used to make decisions about his or her care. To inspect and copy health information, the patient must submit the request in writing to the Privacy Officer at the Practice, 808 Wall Street Norman, Oklahoma 73069. If a patient requests a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with the request. To the extent a patient's information is held in an electronic health record, the patient is entitled to receive the information in an electronic format.

The Plan may deny a request to inspect and copy in certain very limited circumstances. If a patient is denied access to health information, he or she may request that the denial be reviewed.

**Right to Amend.** If a patient believes that the health information we have about him or her is incorrect or incomplete, the patient may ask that we amend the information. A patient has the right to request an amendment for as long as the information is kept by the Practice.

To request an amendment, the request must be made in writing and submitted to the Privacy Officer at the Practice, 808 Wall Street, Norman, Oklahoma 73069. In addition, the patient must provide a reason that supports the request.

We may deny a 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 a request if it asks us to amend information that: is not part of the health information that we maintain; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which the patient would be permitted to inspect and copy; or is accurate and complete.

**Right to an Accounting of Disclosures.** A patient has the right to request an "accounting of disclosures" of his or her electronic health record for a period of no longer than three years for all disclosures other than those specifically authorized by the patient and those made pursuant to other permissible disclosures.

A patient has the right to request an "accounting of disclosure" for his or her non-electronic health record for a period of no longer than six years if the patient did not specifically authorize the disclosure in writing and such disclosure was made for any purpose other than treatment, payment, or health care operations, or any other purpose incidental to permissible disclosures. To request this list or accounting of disclosures, the patient must submit the request in writing to the Privacy Officer at the Practice, 808 Wall Street, Norman, Oklahoma 73069. The request must state a time period which may not be longer than three years for electronic health records and six years for non-electronic health records. The request should indicate in what form the patient wants the list (for example, paper or electronic). The first list requested within a twelve-month period will be free. For additional lists, we may charge the patient for the costs of providing the list. We will notify the patient of the cost involved, and he or she may choose to withdraw or modify the request at that time before any costs are incurred.

**Right to Request Restrictions.** A patient has the right to request a restriction or limitation on the way we use or disclose his or her health information for treatment, payment, or health care operation purposes. A patient also has the right to request a limit on the health information we disclose to someone who is involved in his or her care or the payment for his or her care, like a family member or friend. For example, a patient could ask that the Practice not use or disclose information about a surgery he or she had. We are not required to agree to such a request unless the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

To request restrictions, the patient must make a request in writing to the Privacy Officer at the Practice, 808 Wall Street, Norman, Oklahoma 73069. In the request, the patient must specify (1) what information the patient wants to limit; (2) whether the patient wants to limit our use, disclosure, or both; and (3) to whom the patient wants the limits to apply, for example, disclosures to a spouse.

**Right to Request Confidential Communications.** A patient has the right to request that the Practice communicate with him or her about medical matters in a certain way or at a certain location. For example, a patient can ask that we only contact him or her at work or by mail.

To request confidential communications, the patient must make a request in writing to the Privacy Officer at the Practice, 808 Wall Street, Norman, Oklahoma 73069, and explain the reason for the request and how or where he or she wishes to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** A patient has the right to a paper copy of this Notice. A patient may ask for a copy of this Notice at our office any time.

**Right to be Notified of a Breach.** A patient has the right to be notified in the event that we (or one of our Business Associates) discover a breach of the patient's unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information that we already have about our patients as well as any information that we receive in the future. A copy of this Notice will be posted in our office. Each time a patient comes to our office, the patient may ask for a copy of the current Notice.

**Contact and Complaints:** If a patient has any questions about this Notice, the patient should contact the Privacy Officer at (405) 321-5114 or 808 Wall Street, Norman, Oklahoma 73069.

If a patient believes his or her privacy rights may have been violated or if a patient has a complaint about our privacy practices, the patient may file a complaint with our office by contacting the Privacy Officer at (405) 321-5114 or 808 Wall Street, Norman, Oklahoma 73069. All complaints must be submitted in writing. Patients will not be penalized for filing a complaint. A patient may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.