

PHYSICIANS TO CHILDREN, INC.

Effective Date: October 13, 2019

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.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information. In conducting our practice, we will create and receive records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy of your protected health information. We also are required by law to provide you with this notice of our legal duties and our privacy practices with regard to protected health information. We also are required by law to notify affected individuals following a breach of unsecured protected health information. We are required to abide by the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your protected health information
- Your privacy rights in regard to your protected health information
- Our obligations concerning the use and disclosure of your protected health information

The terms of this notice apply to all records containing your health information that are created or kept by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our office in a visible location at all times and on our website, and you may request a copy of our most current Notice at any time. If any revisions are made to this Notice, a revised copy will be made available to you in the same manner.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR NEED FURTHER INFORMATION ABOUT MATTERS COVERED BY THIS NOTICE, PLEASE CONTACT:

**The Privacy Officer, Physicians to Children, 21 Highland Ave., Suite 100, Roanoke, VA 24013.
Phone (540) 344-9213**

THE FOLLOWING DESCRIBES THE WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION THAT IDENTIFIES YOU. EXCEPT FOR THE PURPOSES OUTLINED BELOW, WE WILL USE AND DISCLOSE PROTECTED HEALTH INFORMATION ONLY WITH YOUR WRITTEN PERMISSION. YOU MAY REVOKE SUCH PERMISSION AT ANY TIME BY WRITING TO OUR PRIVACY OFFICER.

1. **Treatment.** We may use and disclose your health information for treatment and to provide you with treatment-related health care services. For example, we may refer you to another provider and may share your health information with that provider to assist with your care. We might use your health information in order to write, fax or call a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your health information in order to treat you or to assist others in your treatment.
2. **Payment.** We may use and disclose your health information to bill and receive payment from you or your insurance company for the health care treatment and services you receive. For example, we may give your health plan your health information so they can verify your benefits or pay for your treatment. The information on your bill may identify you, as well as your diagnosis, procedures, and supplies used. We may also disclose your health information to another healthcare provider, health plan, or health care clearinghouse for their payment activities.
3. **Health Care Operations.** We may use and disclose your health information for health care operations purposes. For example, we may use and disclose your health information to evaluate the quality of care you received, to train and review the performance of practitioners, to conduct cost-management and business planning activities, and to operate and manage our practice. Also, we may disclose your health information to another healthcare provider, health plan or health care clearinghouse if they also have a relationship with you and the disclosure is for their health care operations activities or for health care fraud and abuse detection or compliance.
4. **Health Information Exchanges:** We may share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law, through the Health Information Exchanges (HIEs) in which we participate. HIEs allow for immediate electronic access to your participating health care providers pertinent medical information necessary for treatment. For example, information about your past and current medical care can be available to us or other health care entities, if they participate in the same HIE. Exchange of health care information can provide faster access, better coordination of care, and assist providers and public health officials in making medical decisions. You may opt-out of participating in the HIE by notifying our privacy officer and completing an opt-out form.
5. **Communications.** We may use and disclose your health information to contact you to discuss your health information and any questions you may have about your health care or payment for health care. We may use and disclose your health information to contact you to remind you that you have an appointment. In leaving a message, we will only leave your name, the provider name with whom you have an appointment, and the time and date of the appointment. We may use and disclose your health information to contact you to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may at times contact you regarding billing questions and test results. We may periodically send out newsletters regarding health prevention information.
6. **Check-in Process.** We may use sign-in sheets at certain times. This sheet will only have a place for your name and date. We also may call your name in the waiting area. If you do not wish to sign the sign-in sheet or have your name called, please tell the

receptionist and we will make adjustments to meet your request.

- 7. Release of Information to Family or Others.** We may disclose to a family member, other relative, close personal friend, or any other person you identify your protected health information that is directly related to that person's involvement in your health care or payment for your health care. For example, a parent or guardian may give permission to a babysitter or grandmother to bring your child to the office for treatment. In this example, the babysitter may have access to your child's medical information that is directly relevant to the babysitter's or grandmother's involvement with the child's health care. We also may disclose to any such person who was involved in your care or payment for your health care prior to your death protected health information that is relevant to the person's involvement.

8. Disclosures to Law Enforcement Officials.

We will disclose your health information to law enforcement officials as follows:

- reporting of certain types of wounds or physical injuries
- if you are a victim of a crime, but we will obtain your agreement first, if possible
- concerning a death we believe has resulted from criminal conduct
- regarding criminal conduct at our office
- in response to a warrant, summons, court order, subpoena or similar legal process
- limited health information to identify/locate a suspect, material witness, fugitive or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

9. Disclosures Required by Other Law.

We will use or disclose your information as required by other federal, state or local law and as limited by the applicable law. For example, Virginia law requires us to provide the person who presents a child for immunization a copy of the immunization records.

- 10. Immunization records.** We will provide copies of immunization records to schools

with the oral or written agreement of a parent or guardian. We will document any oral agreement.

11. Public Health Activities.

We may disclose your health information to public health authorities or other persons 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 potential exposure to a communicable disease
- conducting public health surveillance, investigations, and interventions
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to food or drugs or defects or problems with products or devices
- notifying people of recalls of products they may be using
- notifying appropriate government authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

12. Health Oversight Activities.

We may disclose your health information to a health oversight agency for activities authorized by law. Examples of oversight activities can include investigations, inspections, audits, licensure and disciplinary actions, civil, administrative and criminal proceedings or actions and other activities necessary for the oversight of the health care system, government benefit programs, government regulatory programs, or civil rights laws.

13. Deceased Patients.

We may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. If you are an organ donor, we may also release information as necessary for organ procurement activities.

- 14. Research.** We may disclose information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Unless otherwise approved by an institutional review board or a privacy board, we will obtain your authorization before using your identifiable information for research purposes.
- 15. Serious Threats to Health or Safety.** We may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to persons reasonably able to prevent the threat, or to law enforcement authorities to apprehend an individual when a statement by the individual admits participation in a violent crime or where it appears that the individual has escaped from a correctional institution or lawful custody.
- 16. Military.** We may disclose your health information if you are a member of U.S. or foreign military forces and if required by the appropriate authorities.
- 17. Inmates.** We may disclose your health information to correctional institutions, including juvenile detention facilities, or law enforcement officials, if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes is appropriate when necessary for your health and safety or the safety and security of other individuals.
- 18. Workplace Issues and Workers' Compensation.** We may disclose protected health information regarding workplace-related medical surveillance or work-related illness or injury to an employer where the employer has arranged for your health care. We also may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation and similar programs.
- 19. Secretary of Health and Human Services.** We will release your health information when required to do so by the Secretary of the Department of Health and Human Services or any other officer or employee of DHHS to whom the authority has been delegated.
- 20. Business Associates.** We may disclose your health information to our business associates for activities that they are undertaking on our behalf. We may allow our business associates to create, receive, maintain or transmit your health information on our behalf, if we entered into a Business Associate Contract with the business associate which provides assurances that the business associate will safeguard the information. The business associate likewise may disclose the information to a subcontractor. Examples of our business associates are billing services, computer servicers, attorneys, or collection agencies.
- 21. De-identified Information or Limited Data Sets.** We may use your health information to create information that is not individually identifiable, or we may disclose your information only to a business associate for such purpose, whether or not the de-identified information will be used by us. Information that has been de-identified is not covered by the requirements of the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164. If it becomes re-identified, it will only be used or disclosed as permitted by the Standards. We may also use your health information to create a limited data set, or we may disclose your information to a business associate for such purpose, whether or not the limited data set will be used by us. A limited data set contains a limited amount of de-identified information about you. The limited data set may only be used for the purpose of research, public health, or health care operations and will only be used or disclosed so long as the limited data set recipient has entered into a Data Use Agreement.
- 22. National Security or Heads of State.** We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act (50

U.S.C. 401 *et seq.*) and implementing authority (e.g., Executive Order 12333). We may also disclose your health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

- 23. Fundraising.** We are permitted to use and disclose your demographic information, dates of service, treating physician, outcome information, and health insurance status for our fundraising efforts. We do not typically engage in fundraising efforts, but if we do, we will provide you the opportunity to opt out of our fundraising activities before we use your information.
- 24. Notifications.** We may use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or other person responsible for your care regarding your location, general condition, or death. We also may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with such entities to notify a family member, personal representative, or other person responsible for your care of your location, condition, or death.
- 25. Judicial proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if proper notice has been given to you by the party seeking your information.
- 26. Incidental Uses or Disclosures.** Sometimes your health information may be disclosed incidental to an otherwise lawful use or disclosure. For example, though members of our workforce are very discreet in discussing your information with you or others for your treatment, occasionally these

conversations may be overheard by other workforce members or other patients.

- 27. Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of Physicians to Children, Inc., the information belongs to you. You have the following rights regarding the health information that we maintain about you:

- 1. Request Restrictions.** You have the right to request restrictions in our use or disclosure of your protected health information to carry out treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your health information to certain individuals involved in your care or the payment for your care, such as family members, other relatives, and close personal friends. For example, you may request restrictions on the following:
 - (a) the disclosure to a family member, other relative, close friend, or other person identified by you of protected health information that is directly related to that person's involvement in your health care or payment for your health care, including disclosures after your death;
 - (b) the use or disclosure of protected health information to notify, or assist in the notification of, a family member, a personal representative, or other person responsible for your care of your location, general condition, or death; and
 - (c) the use or disclosure of your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with such entities to notify a family member, personal representative, or other person responsible for your care of your location, condition, or death.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected

health information to a health plan for payment or health care operations purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. However, if we do agree to abide by your request, we are bound by our agreement except when otherwise required by law or in emergencies when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to the Privacy Officer at Physicians to Children, Inc. at 21 Highland Ave., Roanoke, VA 24013. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice’s use, disclosure or both; and
- (c) to whom you want the limits to apply.

If you are unable to agree or object to such a disclosure, we may, in the exercise of our professional judgment, disclose such information as we determine is in your best interests.

You may also request an alternative means of communicating with you. For example, you may request we only contact you at certain locations (e.g., at work) or by certain means (e.g., mail). We must agree to reasonable requests; however, the request must be in writing, must provide a specific location and means of contact, and, when appropriate, provide information as to how payment for your treatment will be handled. You may send such requests to the above address.

- 2. Out-of-Pocket-Payments.** If you or another person on your behalf paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of your protected health information, including patient medical records and billing records, but not including psychotherapy notes,

information compiled in anticipation of litigation, or information subject to the Clinical Laboratories Improvements Amendments of 1988. You must submit your request in writing to Medical Records Department, Physicians to Children, Inc., 21 Highland Ave., Roanoke, VA 24013, in order to inspect and/or obtain a copy of your health information. We will respond to your request within 30 days (subject to an additional 30 day extension). Our practice may charge a reasonable, cost-based fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request to have our denial reviewed by a licensed health care professional chosen by us who was not directly involved in the denial of your request.

- 4. Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in electronic format (electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the information cannot be provided in the requested form or format, we will provide the information in a readable electronic form and format agreeable to you and us or a readable hard copy form. We will respond to your request within 30 days (subject to an additional 30 day extension). We may charge you a reasonable, cost-based fee associated with transmitting the electronic medical record. The appeal procedures addressed in the preceding section apply in the event we deny your request.
- 5. Breach Notification.** You have the right to be notified following a breach of any of your unsecured Protected Health Information.
- 6. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to the Privacy Officer,

Physicians to Children Inc., 21 Highland Ave., Roanoke, VA 24013. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

- accurate and complete
- not part of the health information kept by or for the practice
- not part of the health information which you would be permitted to inspect and copy
- not created by our practice, unless the individual or entity that created the information is not available to amend the information.

We will respond to your request within 60 days (subject to an additional 30 day extension) by either amending your health information or by denying the amendment. You may submit a written statement of disagreement to our denial. All requests and responses will be appended or linked to the disputed health information and distributed with the information.

7. **Accounting of Disclosures.** You have the right to request a list of certain disclosures of protected health information made in the six years prior to your request, except for disclosures:
 - to carry out treatment, payment or health care operations
 - to you
 - authorized by you
 - incident to an otherwise permitted use or disclosure
 - for our facility's sign-in sheet
 - to persons involved in your care
 - for national security or intelligence purposes
 - as part of a limited data set
 - to correctional institutions or law enforcement officers having lawful custody of you
 - that occurred prior to April 14, 2003

Use of your health information is part of the routine patient care in our practice and is not required to be documented. For example, a doctor shares information with the nurses; or the billing department uses your information

to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer, at Physicians to Children, Inc., 21 Highland Ave., Roanoke, VA 24013. All requests for an "accounting of disclosures" must state a time period. We will respond to your requests within 60 days (subject to an additional 30 day extension). The first list you request within a 12-month period is free of charge, but we may charge you a reasonable, cost-based fee for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

8. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Medical Record Department at our practice.

OTHER INFORMATION

1. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer at Physicians to Children, at the above address. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

2. **Your Written Authorization Required for Other Uses and Disclosures.**

The following uses and disclosures of your Protected Health Information will be made only with your express written authorization:

- (a) Uses and disclosures of Protected Health Information for marketing purposes;
- (b) Disclosures that constitute a sale of your Protected Health Information;
- (c) Uses and disclosures of psychotherapy notes which may be obtained from a patient's mental health provider at the patient's authorization.

Our practice will obtain your written authorization for any other uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by submitting a written revocation to the practice's Privacy Officer. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. Any use or disclosure of your protected health information made in reliance on your authorization will not be affected by the revocation. Please note we are required to retain records of your care.

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