



of Northern Kentucky

PEDIATRIC PARTNERS OF NORTHERN KENTUCKY
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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF PRIVACY NOTICE: August 1, 2005

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.

I. OUR GENERAL DUTIES REGARDING YOUR MEDICAL INFORMATION.

We receive, use and create medical information and records related to the care and services you receive at Pediatric Partners of Northern Kentucky ("Practice"). We need such information to provide you with quality care, to comply with certain legal requirements, and to carry out business functions of the Practice. We are required by law to maintain the privacy of your medical information (also known as "protected health information"). In other words, we must make sure that medical information that identifies you is kept private. We are committed to protecting your privacy rights and will only use or disclose your medical information as permitted by law.

This Notice applies to all of the records of our care used or created by this Practice and describes the different ways that we use and disclose your medical information. It also describes certain rights that you have with respect to our medical information. We are required by law to give you this Notice of our legal duties and privacy practices with respect to medical information about you.

We are required by law to abide by the terms of the Notice that is currently in effect. Please be aware that we change the terms of this Notice at any time. We will post a copy of the current notice in the office waiting areas. In addition, each time you visit our office for treatment, we will make a copy of the current notice in effect available to you upon your request.

II. USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

A. Frequent and Routine Uses and Disclosures for Treatment, Payment, Health Care Operations, and Administrative Purposes.

At your first visit to our office on or after August 1, 2005, we will use good faith efforts to obtain from you a written acknowledgement that you have received a copy of this Notice of Privacy Practices. After that, applicable Federal (HIPAA) laws permit us to use and disclose your medical information without your express consent for treatment, payment and /or health care operations purposes and other routine uses, as described below.

1. Treatment—we may use or disclose medical information about you to provide you with medical treatment or services. This means that we may share medical information about you with doctors, nurses, and other staff here at the Practice who is involved in taking care of you. It also means that we may disclose medical information about you to providers outside our office who are or may be involved in your medical care. For example, we may disclose medical information to another physician, a hospital, surgical center or other facility to which we may send you for procedures of follow-up care.

2. Appointment Reminders and Others Administrative Purposes—we may also use and disclose medical information about you to:

-Contact you as a reminder that you have an appointment for treatment at the Practice (but this may be limited by your request of confidential communications, as described below):

-Tell you about or recommend possible treatment options or alternatives that may be of interest to you: and

-Tell you about health-related benefits or services that may be of interest to you.

3. Payment—we may use or disclose medical information about you to your insurance company, a governmental payer or their responsible third party for the purpose of receiving payment for the medical treatment you have received. For example, we may tell your health plan about a medical treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also use your medical information for billing and collections purposes.



4. Health Care Operations—we also may use and disclose medical information about you for purposes of health care operations. These uses and disclosures are for the necessary business of the Practice, and they include such activities as education and training and quality improvement. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. For some of these health care operations purposes, we will share your medical information with third party business associates that perform various activities (e.g. billing) for the Practice. Whenever an arrangement between our Practice and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your protected health information

B. Other Uses and Disclosures of Medical Information for Which Patient Permission or Authorization is Not Necessary.

We may use and disclose medical information without your express permission in the following situations:

1. To your family member or close personal friend involved with your medical care, medical information about you that is directly relevant to your family member or friend's involvement with your care or with the payment related to your care. In most instances, before we disclose any medical information about you to your family members or friends, we will inform you of the disclosure and give you an opportunity to agree or object to the disclosure.
2. When required by law.
3. When required for public health purposes.
4. When required by a health oversight agency for oversight activities authorized by law.
5. When required in the course of any judicial or administrative proceeding.
6. When required for a law enforcement purpose to a law enforcement official.
7. When required by a coroner or medical examiner.
8. When required by an organ procurement organization.
9. for research protocols in certain limited circumstances.
10. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

C. Uses and Disclosures with Your Authorization Only.

Use and disclosure of medical information for purposes not listed above in sections A and B will only be made with your written authorization.

What This Means for Medical Forms and Information of School, Day Cares, and Camps:

This means that by law, we must obtain an authorization from you before we send or disclose medical information or a medical form of any kind regarding a patient directly to school, day care center, camp, employers and other third persons. Instead of getting this authorization, however, we are permitted, by law, to give the medical information to the patient or the patient's legal guardian, and let the parent/guardian be responsible for submitting the information to the school/day care/camp/third party.

III. YOUR RIGHTS REGARDING PRIVATE MEDICAL INFORMATION

You have the following rights with respect to your own medical information.

A. Right to Request Restrictions.



You have the right to request that we restrict the uses or disclosure of your medical information to carry out treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could request that we not disclose or use information about a certain medical treatment you received. We are not required to agree to your request, however. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Requests for restrictions must be made in writing to Mr. Steve Brunson, our Privacy Officer, at the above address. In your request, you must tell us what information you want to limit: whether you want to limit our use, disclosure, or both: and to whom you want the limits to apply.

B. Right to Receive Confidential Communications

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. Requests for confidential communications must be made in writing to Mr. Steve Brunson, our Privacy Officer at the above address. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

C. Right to Inspect and Copy Your Medical Information

You have the right to inspect and copy medical information that may be used to make decisions about your care. If you agree in advance, we may provide you with a summary or explanation of your medical information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Mr. Steve Brunson, our Privacy Officer, at the above address. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to certain medical information, in many instances you may request that the denial be reviewed.

D. Right to Amend Medical Information

You have the right to request an amendment of your medical information if you feel the information is incomplete or incorrect for as long as the information is maintained by the Practice. A written request must be submitted to Mr. Steve Brunson, our Privacy Officer, at the above address. If for some reason the Practice in compliance with state and federal law rejects your amendment, we shall permit you to submit to us a written statement of disagreement to be kept with your medical information. The Practice may reasonably limit the length of such statement of disagreement.

E. Right to Receive an Accounting of Certain Disclosures of Medical Information

You have the right to receive an accounting of some of the disclosures of your medical information made by the Practice in the six years prior to the date on which the accounting is requested. We DO NOT have to account for disclosures made:

- to carry out treatment, payment and health care operations;
- to you (or your legal representative);
- for the facility's directory or to persons involved in the individual's care;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials.
- pursuant to your authorization;
- for certain research purposes; or
- that occurred prior to the compliance date for the Practice.

A written request for an accounting of disclosures must be made to Mr. Todd Cahill, our Privacy Officer, at the above address. You have the right to one accounting of disclosures of your medical information in a twelve-month period free of charge. We may charge a reasonable fee for the costs associated with your request for any additional accounting within the same twelve-month period. You may modify or withdraw your additional accounting requests in order to reduce or avoid the fee.

IV. COMPLAINTS

If you believe your privacy right have been violated, you may file a complaint with this Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact Todd Cahill, our Privacy Officer, at the above address. You will not be penalized in any way for filing a complaint.