

HIPAA Notice of Privacy Practices



Longwood Pediatrics
Boston Children's
Primary Care Alliance

longwoodpeds.com
617-277-7320 | fax 617-277-7834

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

In the material below, "you" and "your" are also used to mean and pertain to "your child."

This notice is being given to you because federal law gives you a right to receive adequate notice of: how Longwood Pediatrics handle medical information and our legal duties with regard to:

- your medical information
- your rights with regard to your medical information

A. **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

When you need health care, you give information about yourself to doctors, nurses, and other health care workers. This information, along with the record of the care you receive, is "protected health information." Longwood Pediatrics uses your health information within the practice and shares (or discloses) your health information outside the practice in order to provide you with essential medical care and for other purposes. This Notice describes how Longwood Pediatrics uses and discloses your health information and when we will ask for specific permission to do so.

1. Treatment, payment and health care operations

Longwood Pediatrics may legally use and disclose your health care information for treatment, payment and health care operations, and need not ask for your specific permission to do these things, as explained below.

Treatment

Longwood Pediatrics may legally use and disclose your health information to provide, coordinate or manage your health care and related services by one or more health care providers. Longwood Pediatrics will also share information with other third parties, such as home health agencies, visiting nurses, schools (immunization records, as required by education laws), and others who are involved in the care of your children. This helps to make certain that everyone caring for your child has the information needed.

Payment

Longwood Pediatrics will use and disclose health information to bill and collect payment for health care services we provide. If you have health insurance, our providers bill those payers and will disclose information that the insurance companies or government agencies need in order to determine your child's eligibility for services or the medical necessity of the services you received. In those cases, we will provide the minimum health information necessary for payment. In most cases, this information consists of the diagnosis (medical reason for the visit or service) and the procedure(s) performed, such as an office visit, laboratory tests, or immunizations.

Health Care Operations

Longwood Pediatrics may use and disclose your health information for activities that are necessary to operate the practice and carry out its mission. Some disclosures are to outside parties, who must agree to protect the confidentiality of all health information they receive from us. Examples of "health care operations" include, but are not limited to, the following:

- quality assessment; auditing activities and compliance programs; using outside legal, auditing or other consulting services, electronic data storage, medical information
- management and analysis

2. Uses and disclosures for other purposes

Federal privacy law also permits uses and/or disclosures of your child's health information in the following areas without your specific permission:

- as required by law
- for public health activities, including reports to the state public health and child protection authorities, and to the Food and Drug Administration
- for health oversight activities
- for legal and administrative proceedings
- for law enforcement purposes
- with regard to patients who have died, to coroners, medical examiners and funeral directors
- to avert a serious threat to health or safety

3. Uses and disclosures that you may limit or request not be made

Longwood Pediatrics may disclose to a family member or other person close to you, or identified by you, the health information that is necessary for that person's involvement with your care.

4. Uses and disclosures requiring your written authorization

- Disclosure of sensitive information to administrative and judicial proceedings (counseling, confidential communications between a parent and/or child and social worker or therapist, and the like)
- Disclosure of genetic testing (as defined by state law) or test results
- Disclosure of HIV testing or test results
- Disclosure of substance abuse treatment
- Disclosure of treatment for sexually transmitted diseases
- Research conducted by entities outside Longwood Pediatrics
- Marketing or communication to you about products and services you might purchase
- Other uses not covered above that Longwood Pediatrics may describe when asking for your permission

Note: If you have given authorization, you may revoke it at any time, provided that the revocation is in writing, except to the extent that a use or disclosure has been made in reliance upon your prior authorization

B. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION AND HOW TO EXERCISE THEM

The right to request limits on uses and disclosures of your health information

You have the right to request limitations on the uses and disclosures of your child's health information for treatment, payment or health care operations or for notification purposes. Longwood Pediatrics is not obligated to agree to your request. If we do, we must put the restriction in writing and abide by it except if necessary to treat you in an emergency. You may not ask us to restrict uses and disclosures that we are legally required to make.

[If you restrict disclosing information for payment, we will ask you to sign an agreement indicating that you are originating the request, that you will be liable for payment for all such services requested at our full charge rate, and that you will not ask your insurance carrier to pay for such services or to appeal to Longwood Pediatrics. In the event that you contact your insurance carrier about such services, either to ask the carrier to pay or to complain that the practice has asked for payment for a covered service (such as an office visit), Longwood Pediatrics may disclose to the carrier the fact that you had agreed to a waiver to pay for services, that you had requested us not to bill or otherwise contact your carrier, and may have to disclose the reason for the visit, such as the diagnosis or procedure.]]

The right to receive confidential communication of your child's health information

You have the right to request to receive your child's health information by alternative means. For example, you might ask Longwood Pediatrics to send mail to an alternative address, or to contact you by telephone only at work. Your request must be in writing. Longwood Pediatrics must agree with any reasonable request and cannot ask you to explain the basis for your request. Longwood Pediatrics can require you to provide information as to how payment, if any, will be handled, and to specify an alternative address or other method of contact.

The right to look at and get a copy of your or your child's health information

With very few exceptions, you have the right to look at and obtain a copy of your or your child's health information that Longwood Pediatrics maintains related to your treatment and bills. You must make your request in writing. We will respond within thirty (30) days from receipt of your request. If you ask for a copy, you will be charged a reasonable fee. If your request is denied, you will be given a written explanation of the reasons for the denial and the rights, if any, to a review of the denial. Instead of providing you with the information you requested, we may offer to provide a summary or explanation as long as you agree in advance to this and to any fees for such summary or explanation. If you ask for information we do not have, but we know where it is, we must tell you where to direct your request.

The right to amend your health information

You have the right to ask us to amend your health information related to your treatment and bills if you believe there are errors or missing information. You must make your request in writing and provide the reason. We have sixty (60) days to respond. If we have not been able to act on the request within 60 days, we may notify you that we are extending the response time by 30 days. If we do that, we will send you an explanation for the delay and state a date by which you will receive our decision. We may deny your request if we determine that the information you want amended is accurate and complete, is not part of our records or created by us, or is information to which you have no right of access. If we deny your request, we must give you a written statement with the reasons why and what other steps are available to you. If we grant the request, we will ask you to identify the persons you want to receive the amendment and agree to have us notify them along with any others who received the information before correction and who might rely on the incorrect information in providing treatment to you/your child.