

PEDIATRIC SURGERY GROUP, LLC
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.

A. OUR RESPONSIBILITY CONCERNING YOUR MEDICAL INFORMATION

Information about you and your health is very personal. That is why we at the Pediatric Surgery Group are committed to respecting and protecting your medical information. This Notice describes how we may use and disclose (share) medical information that identifies you. We reserve the right to change the terms of this Notice at any time. Any such changes will apply to all Information we keep, even if it was collected before the change.

By law, we must:

- Keep your Information confidential, with certain exceptions described in this Notice.
- Give you this Notice of our legal obligations and privacy practices regarding your Information.
- Follow the terms of the Notice currently in effect.

IMPORTANT WORDS

In This Notice:

You: means the patient. If you are a parent or guardian (or other person acting in place of a parent) of a patient, please remember we are talking about the child's Information.

Pediatric Surgery Group or we: means the Pediatric Surgery Group, LLC and entities affiliated with the group.

To provide appropriate and consistent care, it is often necessary to share information with affiliated entities.

Information: means any Information, whether oral, electronic, or on paper, which is created or received by the Pediatric Surgery Group, and relates to a patient's healthcare or payment for the provision of healthcare. This includes the results of tests and notes written by doctors and nurses, as well as your name, address, and telephone number.

UNDERSTANDING YOUR HEALTH RECORD

Each time you receive care from the Pediatric Surgery Group, a record of your visit is made. This record generally contains such information as notes of your examination; your symptoms, test results, diagnosis, and prescribed treatment(s), if any; and a plan for future care or treatment, as well as billing information.

WHO MUST PROTECT YOUR PRIVACY AT THE PEDIATRIC SURGERY GROUP

Any healthcare professional that can enter Information into your record or has access to it.

All other personnel in the Pediatric Surgery Group.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The office Site Manager.

C. HOW WE MAY USE AND SHARE YOUR INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Federal and state law requires us to protect your information, and federal law requires us to describe to you how we handle that information. When state and federal privacy laws differ, and New Jersey law is more protective of your Information, or provides you with greater access to your Information, then the law of the state will override federal law. Also, different types of Information may be subject to different legal rules about use and sharing.

We use and/or share Information in a number of ways. There are three common ways we use Information. They are treatment, billing, and health-care operations. Not every specific way we use or share Information is listed here, but the ways we can legally use and/or share Information generally fall into one of these categories:

For Treatment Our practice may use your Information for treatment. For example, we may disclose your Information as follows:

- To order laboratory tests (such as blood or urine test), which we may use the results to help us reach a diagnosis.
- To write a prescription or we might disclose your Information to a pharmacist when we order a prescription for you.
- To others that have been given permission to bring you to the office for treatment. For example, your babysitter, neighbor, or other family member, may have access to your Information, if they bring you in for care.
- To other health care providers for purposes related to their treatment.

Payment Our practice may use and disclose your Information, in order to bill and collect payment for the services and items provided by us for you. For example, we may disclose your Information as follows:

- To contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide you insurer with details regarding your treatment to determine if the insurer cover or pay for your treatment.
- To obtain payment from other third parties that may be responsible for such costs.
- To bill you directly for services and items.
- To other health care providers and entities to assist in their billing and collection efforts

Health Care Operations Our practice may use and disclose your Information to operate our business. As examples of the ways in which we may use, and disclose your Information for our operations include, but are not limited to the following:

- To evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice.
- To other health care providers and entities to assist in their health care operations under certain circumstances.
- To contact you and remind you of your appointment.
- To inform you of health-related benefits or services that may be of interest to you.
- When we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your Identifiable Health Information to the extent such use or disclosure is required by law:

1. Public health Risks Our practice may disclose your Information to public health authorities that are 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
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled

2. Health Oversight Activities Our practice may disclose your Information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings Our practice may use and disclose your Information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your Information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement We may release Information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- 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
- To identify/locate a suspect, material witness, fugitive or missing person

5. Military If you are a member of the armed forces, we will share Information as required by military command authorities. In addition, we may share Information about foreign military personnel with the appropriate foreign military authority.

6. Deceased Patients Our practice may release 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.

7. Research Our practice may use and disclose your Information for research purposes in certain limited circumstances. We will obtain your written authorization to use your Information for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the Protected Health Information (PHI) will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety Our practice may use and disclose your 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Workers' Compensation Our practice may release your Information for workers' compensation and similar programs.

10. Compliance We are required to disclose your Information to the Secretary of the Department of Health and Human Services or his designee upon request to investigate our compliance with HIPAA or to you upon request pursuant to section E3 below.

E. YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights regarding the Information that we maintain about you:

1. Confidential Communications You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask us not to contact you at work. In order to request a type of confidential communication, you must make a written request to the Site Manager, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable request. You do not need to give a reason for your request.

2. Requesting Restrictions You have the right to request a restriction in our use or disclosure of your Information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your Information to only certain individuals involved in your care or the payment for care, such as family members and friends. **We are not required to agree to your request:** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you child. In order to request a restriction in our use or disclosure of your Information, you must make your request in writing to the Site Manager. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure or both; and
- To whom you want the limits to apply

3. Inspection and Copies You have the right to inspect and obtain a copy of the Information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Site Manager in order to inspect and/or obtain a copy of your Information. Our practice may charge a 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 a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Site Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you ask us to amend information that is in our opinion; (a) accurate and complete; (b) not part of the Information kept by or for the practice; (c) not part of the Information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your Information non-treatment, non-payment or non-operations purposes. Use of your Information as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse; or the billing department using your Information to file your insurance claim. We also will not provide an accounting of disclosures made to you about your Information, or incident to a use or disclosure we are permitted to make as described above, or pursuant to an authorization. In order to obtain an accounting of disclosures, you must submit your request in writing to the Site Manager. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you 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.

6. 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 Site Manager.

7. Right to File a Complaint 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 our Site Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures our practice will obtain your written authorization for 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 Information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your Information for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the office Site Manager.

Signature below is only acknowledgment that you have received this Notice of our Privacy Practices:

Print: _____
Patient’s Name

Print: _____
Legal Guardian’s

Signature of Legal Guardian: _____

Date: _____