



## NOTICE OF PRIVACY PRACTICES

**Alliance Pediatrics**  
**12461 Timberland Blvd., Ste. 309**  
**9445 North Beach Street**  
**Fort Worth, Texas 76244**  
**817-741-KIDS**

**Privacy Officer: Candy Vilaylak**

### **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.**

If you are the parent or guardian of a minor child or children who are patients of our medical practice, the use of the term “you” in this document refers to the child or children.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your protected health information. It also describes your rights and our legal obligations with respect to your protected health information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

#### **I. HOW THIS MEDICAL PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The law permits us to use or disclose your protected health information for the following purposes:

##### **Treatment, Payment and Health Care Operations:**

Treatment. We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with another provider or facility. For example, we would disclose your protected health information, as necessary, to other providers who are involved in your care, such as specialists, laboratories or hospitals.

Payment. Your protected health information will be used and disclosed, as needed, to obtain payment for health care items and services provided to you by us or by another provider. For example, we may disclose information to your health insurance plan so that the plan may determine your eligibility or coverage for insurance benefits, pre-authorize recommended treatments, review services provided to you for medical necessity or conduct utilization review activities.

Health Care Operations. We may use and disclose your protected health information to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs, business planning and management and to maintain or obtain appropriate accreditations, certifications or licenses. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information for use in their own health care operations.

## **Additional Permitted Uses and Disclosures:**

**Appointment Reminders.** We may use and disclose protected health information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Business Associates.** We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Treatment Alternatives; Health-Related Benefits and Services.** We may use your protected health information to contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.

**Others Involved in Your Health Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Required by Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted or required by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, licensure and disciplinary actions.

**Abuse or Neglect.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child, elder or dependent adult abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Drugs and Devices.** We may disclose your protected health information as required by the Food and Drug Administration for the purpose of monitoring the quality, safety or effectiveness of FDA-regulated products. For example, we may disclose your information to report adverse drug events, product defects or problems or biologic product deviations; to track products to facilitate product recalls and to make repairs or replacements; or to conduct post marketing surveillance.

Legal 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 (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes. We may also disclose your information to correctional institutions or law enforcement officers that have you in their lawful custody.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Public Safety. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person or the public.

Military Activity and National Security. We may disclose your protected health information as required by law for military or national security purposes.

Workers' Compensation. We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Research. We may disclose your protected health information for research purposes, but only if the use and disclosure has been reviewed and approved by an Institutional Review Board or privacy board, or if you provide authorization.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your protected health information be transferred to another physician or medical group.

Fundraising. We may use or disclose your demographic information and the dates that you received treatment from our practice in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

## **II. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, or as required or permitted by federal or Texas law, this medical practice will not use or disclose health information that identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we will be unable to "take back" any disclosures already made with your authorization.

## **III. YOUR HEALTH INFORMATION RIGHTS**

Right to Inspect and Copy. You have the right to inspect and copy your protected health information, with limited exceptions. To access this information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We may charge a reasonable fee, as allowed by Texas and federal law, to provide you with copies. We may deny your request under limited circumstances, and we must tell you if you have the right to appeal our denial and how to appeal. To the extent that we maintain

information about you in an electronic health record, if your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.

**Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid in full out-of-pocket, we must abide by your request, unless we must disclose the information to provide treatment to you in an emergency. We reserve the right to accept or reject any other request and will notify you of our decision.

**Right to Request Confidential Communications.** You have the right to request that you receive your protected health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to an alternate address. We will comply with all reasonable requests submitted in writing that specify how or where you wish to receive these communications.

**Right to Amend or Supplement.** You have a right to request that we amend your protected health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We will notify you if we make the amendment. If we do not agree to make the amendment, we will tell you why in writing. You will have the right to submit a written statement disagreeing with the denial, and provided your statement is reasonable in length, we will append it to your record. If you do not wish to submit a written statement, you may ask us to disclose both your request for an amendment and our denial with any future disclosure of your relevant information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by this medical practice, going back up to six years prior to your request, except for those made for treatment, payment or health care operations. If we maintain your protected health information in an electronic health record and have made disclosures through the electronic health record for treatment, payment or health care operations, you have the right to receive an accounting of those disclosures, going back up to three years prior to your request. There are several other exceptions to our obligation to account for disclosures, including disclosures made to you or per your written authorization, or as described above under “Others Involved in Your Health Care or Payment for Your Care,” “Law Enforcement” and “Military Activity and National Security.” In addition, we are not required to account for disclosures for purposes of research or public health that exclude direct patient identifiers, or that are incident to a use or disclosure otherwise permitted or authorized by law, or for disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. We will fulfill your first request for an accounting of disclosures in any 12-month period for free; if you make more than one request in any 12-month period, we may charge you a reasonable fee to fulfill your request, and will let you know ahead of time what the fee will be, so that you can withdraw or reduce your request if you do not wish to pay the fee.

**Paper Copy.** You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

**How to Exercise Your Rights.** If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

#### **IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

## **V. COMPLAINTS**

Complaints about this Notice of Privacy Practices or how this medical practice handles your protected health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. You will not be penalized for making a complaint, and we will try to resolve it with you.

You may also submit a formal complaint to the U.S. Secretary of Health & Human Services at:

Region VI  
Office for Civil Rights  
U.S. Department of Health & Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice Phone (214)767-4056  
FAX (214)767-0432  
TDD (214)767-8940

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf) . You will not be penalized for filing a complaint.

This Notice was published and becomes effective on May 15, 2012.