

## Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### Please Review This Notice Carefully

#### OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your child's individually identifiable health information (IIHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's IIHI. By federal and state law, we must follow 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 child's IIHI*
- *Your privacy rights in regard to your child's IIHI*
- *Our obligations concerning the use and disclosure of your child's IIHI*

The terms of this notice apply to all records containing your child's IIHI that are created or retained 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 child's records that our practice has created or maintained in the past, and for any of your child's records that we may create or maintain in the future. Our practice will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time.

If you have questions about this policy, please contact Ruth Gutierrez, Office Manager of Diablo Valley Pediatrics, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California 94523, 925-691-9688 or email her at [rgutierrez@diablovalleypediatrics.com](mailto:rgutierrez@diablovalleypediatrics.com).

#### HOW WE MAY USE AND DISCLOSE YOUR CHILD'S IIHI

We may use and disclose your child's individually identifiable health information (IIHI) in the following ways:

##### ***Treatment:***

Our practice may use your child's IIHI to treat him/her. Many of the people who work for our practice, including, but not limited to, our providers and nurses, may use or disclose your child's IIHI in order to treat your child, or to assist others in treating your child. For example, we may order laboratory tests or X-rays, and we may use the results to help us reach a diagnosis. We may disclose your child's IIHI to a pharmacy when we call in a prescription. We may use and disclose your child's IIHI to others who assist in your child's care, such as other family members or caregivers. We may fax or mail your child's IIHI to daycare centers, schools or camps on forms completed at your request.

**Payment:**

Our practice may use and disclose your IIHI in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your child's treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's IIHI to obtain payment from you or other third parties that may be responsible for such costs, such as other family members.

**Health Care Operations:**

Our practice may use and disclose your child's IIHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's IIHI to evaluate the quality of care your child received from us, or to conduct cost-management and business planning activities for our practice.

**Appointment Reminders:**

Our practice may use and disclose your child's IIHI to contact you and remind you of an appointment.

**Treatment Options:**

Our practice may use and disclose your child's IIHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services:**

Our practice may use and disclose your child's IIHI to inform you of health-related benefits or services that may be of interest to you.

**Disclosures Required by Law:**

Our practice will use and disclose your child's IIHI when we are required to do so by federal, state or local law.

*The following categories describe unique scenarios in which we may use or disclose your child's identifiable health information (IIHI):*

**Public Health Risks:**

Our practice may disclose your child's IIHI 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 a person regarding a loss of consciousness*

### ***Health Oversight Activities:***

Our practice may disclose your child's IIHI to a health oversight agency for activities authorized by law. Oversight activities may 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.

### ***Lawsuits and Similar Proceedings:***

Our practice may use and disclose your child's IIHI in response to a court or administrative order, if you are involved in a lawsuit proceeding. We may also disclose your child's IIHI 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.

### ***Law Enforcement:***

We may release your child's IIHI if asked to do so by a law enforcement official regarding the following:

- Regarding a crime victim in certain situations, if we are unable to obtain your agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our clinic
- In response to a warrant, summons, court order, subpoena or similar legal process
- 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)

### ***Deceased Patients:***

Our practice may release your child's IIHI 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.

### ***Organ and Tissue Donation:***

Our practice may release your child's IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if your child is an organ donor.

### ***Confidential Communications:***

You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Ruth Gutierrez, Office Manager, Diablo Valley Child Neurology, Inc, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

### ***Requesting Restrictions:***

You have the right to request a restriction in our use of disclosure of your child's IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's IIHI to only certain individuals involved in your child's care or the payment of your child's care, such as family members and friends; however, any divorced parent who has been granted joint management conservatorship is entitled to a copy of your child's IIHI.

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 your child. In order to request a restriction in our use or disclosure of your child's IIHI, you must **make a request in writing** to: Ruth Gutierrez, Office Manager, Diablo Valley Child Neurology, Inc, 400 Taylor Boulevard, Suite 306, Pleasant Hill, Ca 94523, 925-6891-9688. 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
- To whom you want the limits to apply

#### ***Inspection and Copies:***

You have the right to inspect and obtain a copy of your child's IIHI that may be used to make a decision about your child, including patient medical records and billing records, but not including psychotherapy notes. You must **submit your request in writing** to Diablo Valley Child Neurology, Inc, 400 Taylor Boulevard, Suite 306, Pleasant Hill, Ca 94523 in order to inspect and/or obtain a copy of your child's IIHI. 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.

#### ***Amendment:***

You may ask us to amend your child's 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 Ruth Gutierrez, Office Manager, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California, 94523, 925-691-9688. 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: (a) accurate and complete; (b) not part of your child's IIHI kept by or for the practice; (c) not part of your child's IIHI 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.

### **YOUR PRIVACY RIGHTS REGARDING YOUR CHILD'S IIHI**

*You have the following rights regarding your child's IIHI that we maintain:*

#### ***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 IIHI for non-treatment or operations purposes. Use of your child's IIHI as part of the routine patient care in our practice is not required to be documented; for example, the doctor-sharing information with the nurse; or the billing department using your child's information to file an insurance claim. In order to obtain an accounting of disclosures, you must **submit your request in writing** to Ruth Gutierrez, Office Manager, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California, 94523, 925-691-9688. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. 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.

***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 Ruth Gutierrez, Office Manager, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California, 94523, 925-691-9688.

***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 .Ruth Gutierrez, Office Manager, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California, 94523, 925-691-9688. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

***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 child's IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's IHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

**QUESTIONS REGARDING THIS NPP FORM**

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Ruth Gutierrez, Office Manager, 400 Taylor Boulevard, Suite 306, Pleasant Hill, California, 94523, 925-691-9688.