

PORTOFINO PEDIATRICS

We will comply with the HIPAA privacy regulations which grant all individuals (including, but not limited to patients) the right to adequate notice of the uses and disclosures of protected health information (PHI). The Notice of Privacy Practices (the notice) describes the individual's rights and legal duties with respect to protected health information.

- We will provide the notice no later than the date of the first service delivery.
- Except in an emergency treatment situation, the office staff will make a good faith effort to obtain a written acknowledgement of receipt of the notice provided and if not obtained, document its good faith efforts to obtain such acknowledgement and the reason why the acknowledgement was not obtained.

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about you and your health is very personal and we are committed to protecting the privacy of this information. Each time you visit our facility we create a record of the care and services you receive. This record is necessary to provide you with high quality care and to ensure we are in compliance with certain legal requirements.

This Notice will describe the ways in which we may use and disclose your medical information. We reserve the right to change the terms of this Notice at any time. Any revision to this Notice will be applicable to all medical information we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information and disclose your health information to persons and entities outside of our office. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

Treatment – We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us.

Payment – We may use and disclose health information about you so the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Research That Doesn't Involve Your Treatment – When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

Individuals Involved in Your Care or Payment for Your Care – We may disclose health information about you to a friend or family member who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Averting a Serious Threat to Health or Safety – We may use and/or disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Public Health Activities – We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Lawsuits and Disputes – If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

WITH YOUR SPECIFIC WRITTEN "AUTHORIZATION"

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Portofino Pediatrics entity that created it, the information belongs to you. You have certain rights with respect to your information as described below. If you wish to exercise your rights, you may complete preprinted forms at registration.

- **Right to request a restriction on certain uses and disclosures of your information.** You have the right to request a restriction or limitation on the medical information we use and/or disclose about you for treatment, payment or healthcare operations. Additionally, you have the right to request that we limit the information we disclose about you to someone who is involved in your care or the payment for your care. For instance, you can request that we refrain from disclosing information about a procedure that you had or a treatment you were given.
- We are not required to agree to your request. However, if we do agree, we will comply with your request so long as the information is not necessary to provide you emergency care.
- **Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may request that we limit our communications with you to contact at work or at home.
- **Right to inspect and/or request a copy of your health record.** You have the right to inspect and/or receive copy of any medical information maintained about you that may be used to make decisions about your care. Typically, this will include your medical and billing records but does not include psychotherapy notes.
- In order to inspect and/or receive a copy of your medical information, you must submit your request, in writing, to Portofino Pediatrics at the address provided above. We may charge a reasonable fee for this service based on our cost of complying.
- In very limited circumstances, we may deny your request to inspect and/or receive a copy of your information. However, if your request is denied, in some cases you may request that the denial be reviewed. Such reviews are performed by an independent licensed healthcare professional chosen by the Privacy Officer. We will comply with the outcome of the review.
- **Right to request an amendment to your health record.** If you believe the information we maintain about you is incorrect or incomplete, you may request that we amend the information. In order to request an amendment, you must submit a written request, as described above, indicating the specific information you wish to be amended and providing the reason supporting the request. Failure to put your request in writing or provide supporting reasoning is likely to result in a denial of your request.

We may also deny your request if you ask us to amend information that:

- Is accurate and complete
- Is not part of the information which you would be permitted to inspect or receive a copy

Right to obtain an accounting of disclosures of your health information. You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical information made by Portofino Pediatrics other than disclosures allowed or required by law or authorized by you. The request for this accounting must be submitted in writing as described above. Your request must include the time period for which you are requesting an accounting, which may not exceed six years and not include dates prior to April 14, 2003. Fees may be imposed as allowed by law.