



NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your or your child's (children's) protected health information (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your or your child's (children's) protected health information. "Protected Health Information" is information about you or your child (children), including demographic information, that may identify you or your child (children) and that relates to your child's (children's) past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

I. Uses and Disclosures of PHI

Based Upon Your Written Consent. You will be asked by our office to sign a consent form. This gives Capitol Pediatrics consent to the use and disclosure of your or your child's (children's) protected health information for treatment, payment, and health care operations. This information may be used and disclosed by Capitol Pediatrics and others outside of our office that are involved in your child's (children's) care and treatment, for the purpose of providing health care services to your child (children).

Treatment. We will use and disclose PHI to provide, coordinate, or manage your child's (children's) health care and any related services. This includes the coordination or management of your child's (children's) health care with a third party. For example, we would disclose your or your child's (children's) PHI as necessary, to a home health agency that provides care to your child (children). We will also disclose this PHI to other physicians who may be treating your child (children). For example, this PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat your child (children). In addition, we may disclose your or your child's (children's) PHI from time-to-time to another physician or health care provider (i.e. a specialist or laboratory) who, at the request of Capitol Pediatrics, becomes involved in your child's (children's) care by providing assistance with your child's (children's) health care diagnosis or treatment to Capitol Pediatrics.

Payment. Your or your child's (children's) PHI will be used, as needed, to obtain payment for your child's (children's) health care services. This may include certain activities that your child's (children's) health insurance plan may undertake before it approves or pays for the health care services we recommend for your child (children) such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child (children) for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your or your child's (children's) relevant PHI be disclosed to the health plan to obtain

approval for the hospital admission. This information may also be utilized in the event that collection proceedings would occur. This includes information released to collection agencies, attorneys, and court systems.

Healthcare Operations. We may use or disclose, as needed, your or your child's (children's) PHI in order to support the business activities of Capitol Pediatrics. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your or your child's (children's) PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name, child's (children's) name, address, and phone numbers. We may also call your child by name in the waiting room when the provider is ready to see you. We may use or disclose your or your child's (children's) PHI, as necessary, to contact you to confirm your child's (children's) appointment, to inform you of any test results, or to inform you of any billing concerns. This includes contact made through home, work, answering machines or voice mails, or any other contact information provided by you.

We will share your or your child's (children's) PHI with third party "business associates" that perform various activities (i.e. billing services) for Capitol Pediatrics. Whenever an arrangement between our office and a business associate involves the use or disclosure of your or your child's (children's) PHI, we will have a written contract that contains terms that will protect the privacy of your or your child's protected health information. We may use or disclose this PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose this PHI for other marketing activities. For example, your or your child's (children's) name and address may be used to send you a newsletter about Capitol Pediatrics and the services we offer. We may also send you information about products or services that we believe may be beneficial to you or you child (children).

Other uses and disclosures of your or your child's (children's) PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Capitol Pediatrics has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object. We may use and disclose your or your child's (children's) PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your or your child's (children's) PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then Capitol Pediatrics may, using professional judgment, determine whether the disclosure is in your or your child's best interest. In this case, only the PHI that is relevant to your child's (children's) health care will be disclosed.

Others Involved in Your Child's (Children's) Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your or your child's (children's) PHI that directly relates to that person's involvement in your child's (children's) healthcare. 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 or your child's (children's) best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal

representative or any other person that is responsible for your child's (children's) care, of your location, general condition, or death. Finally, we may use or disclose your or your child's (children's) PHI 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 child's (children's) healthcare.

Emergencies. We may use or disclose your or your child's (children's) PHI in an emergency treatment situation. If this happens, Capitol Pediatrics will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If any clinician in Capitol Pediatrics' is required by law to treat your child (children) and the clinician has attempted to obtain your consent but is unable to, he or she may use or disclose your or your child's (children's) PHI to treat your child (children).

Communication Barriers. We may use and disclose your or your child's (children's) PHI if Capitol Pediatrics attempts to obtain consent from you but is unable to due to substantial communication barriers and the clinician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object. We may use or disclose your or your child's (children's) PHI in the following situations without your consent or authorization. These situations include:

Required by Law. We may use or disclose your or your child's (children's) PHI to the extent that law requires the use or disclosure. 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, as required by law, of any such uses or disclosures.

Public Health. We may disclose your or your child's (children's) PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your or your child's (children's) PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease. We may disclose your or your child's (children's) PHI, 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 PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect. We may disclose your or your child's (children's) PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your or your child's (children's) PHI if we believe that you or your child (children) has 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.

Food and Drug Administration. We may disclose your or your child's (children's) PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products (to enable recalls), to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings. We may disclose PHI 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), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: legal processes and otherwise required by law; limited information requests for identification and location purposes; pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the practice; and medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. We may disclose PHI 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 PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. We may disclose your or your child's (children's) PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your or your child's (children's) PHI.

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your or your child's (children's) PHI, 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 a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also disclose your or your child's (children's) PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

II. Your Rights

You have the right to inspect and copy your or your child's (children's) PHI. This means you may inspect and obtain a copy of PHI about you or your child (children) that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that Capitol Pediatrics uses for making decisions about you or your child (children). Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our office if you have questions about access to your child's (children's) medical record.

You have the right to request a restriction of your or your child's (children's) PHI. This means you may ask us not to use or disclose any part of your or your child's (children's) PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your or your child's (children's) PHI not be disclosed to family members or friends who may be involved in your child's (children's) care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Capitol Pediatrics is not required to agree to a restriction that you may request. If the clinicians of Capitol Pediatrics believe it is in your child's (children's) best interest to permit use and disclosure of your and your child's (children's) PHI, this PHI will not be restricted. If the clinicians of Capitol Pediatrics do agree to the requested restriction, we may not use or disclose this PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to Capitol Pediatrics.

You may have the right to have Capitol Pediatrics amend your or your child's (children's) PHI. This means you may request an amendment of PHI about you or your child (children) in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office if you have questions about amending your child's (children's) medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your or your child's (children's) PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your child's (children's) care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

III. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your or your child's (children's) privacy rights have been violated by us. You may file a complaint with us by notifying our office of your complaint. We will not retaliate against you for filing a complaint. You may contact our office for further information about the complaint process.