# Washington Pediatric Associates, PC

Nicole V. Lang, MD, FAAP

Notice of Patient Privacy Practices Effective April 14,2003

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.

#### **How is Patient Privacy Protected?**

Washington Pediatric Associates, PC ("WPA,PC") understands that information about you and your health is personal. Because of this we strive to maintain the confidentiality of your identifiable health information, also known as protected health information ("PHI"). The new Health Insurance Portability and Accountability Act ("HIPPA") law gives you as the patient the right to understand and control how your health information is being used. By federal and state law, we must follow the guidelines of the notice of privacy practices.

#### We may use and disclose your health information in the following ways:

#### Treatment

We keep a record of treatment that is provided to you. Our practice may use your information to provide treatment to you. We disclose this information so that doctors, nurses, other staff members and entities, such as laboratories, can meet your needs. Additionally we may disclose your information to others who assist in your care, such as your spouse, children or parents.

#### **Payment**

Our practice documents the services and supplies you receive so we may bill you, your insurance company or another third party for these services and supplies. We may contact your insurance company to verify your benefits and we may provide your insurer with details of your treatment to determine whether your service or item will be covered.

## **Health Care Operations**

We may disclose your information for operational purposes such as to train faculty, staff, and students. Our practice may disclose your information to other health care providers and entities to assist in their health care operations.

#### **Additional Use And Disclosures**

- Lawsuits and Similar Proceedings
- Assist on public health activities such as tracking diseases
- Inform authorities to protect victims of abuse or neglect
- Serious threat to health or safety
- Workers' Compensation
- National Security
- Law Enforcement
- Recommend treatment alternatives
- Inmates
- Contact you by mail, or telephone, unless we hear from you otherwise, to remind you about your appointments.
- Communicate with individuals involved in your care or payment for that care, such as friends and family, unless you notify us otherwise

### Your Rights Regarding Your Individual Health Information

#### The law entitles you to:

- Request that our practice communicate with you about your health in a particular manner. Such a request must be in writing specifying the requested method of contact. We will accommodate <u>reasonable</u> requests.
- Request that we restrict how we use or disclose your health information. We are not required to agree to your request: however if we do agree, we are bound by our agreement except when required by law, in emergencies or when the information is necessary to treat you. Any such request must be in writing and addressed to our practice.
- Inspect and obtain a copy of your health information. This does not include psychotherapy notes. You must submit a written request to our practice. We may charge a fee for the costs of copying, mailing, and supplies associated with your request. We reserve the right to deny your request to inspect and/or copy your information in limited circumstances; however you may request a review of our denial
- Ask us to amend your health information if you believe it is incorrect or incomplete. Any such request must be in writing and addressed to our practice.
- Receive a paper copy of this notice from us upon request

This notice is effective **April 14, 2003** and we are required to abide by the terms of the Notice of Patients Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Patient Privacy Practices and how the individual will obtain a revised notice upon request.

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 contact:

The U.S. Department of Health & Human Services Office of Civil Rights 200 Independence Avenue, S.W.

Washington, D.C. 20201 (202) 619-0257 Toll Free: 1-877-696-6775