

# *Drs. Black and Benton Pediatrics, P.S.C.*

## **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), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

**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.**

**Address questions/ concerns/ requests regarding this notice to:**

**Donna Kesterson, Privacy Officer**

**Drs. Black and Benton Pediatrics, P.S.C.**

**4741 North Broadway, Suite B**

**Knoxville, TN 37918**

**(865)687-1940 or email at [blackandbenton@gmail.com](mailto:blackandbenton@gmail.com)**

### **ABOUT THIS NOTICE**

Your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide appropriate care and treatment, for payment of said care and treatment, for health care operations, and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose this information. It also describes your rights, obligations, and options regarding this as well as our responsibilities.

### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)**

PHI is information that individually identifies you. This includes the record we create and/or receive from another health care provider, health plan, or other source that relates to: your past, present, or future physical and/or mental health, your health care, and the payment/ financial information regarding your health care.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

**Treatment:** We can use or disclose your PHI to provide medical treatment/ services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (a specialist or laboratory) to whom you have been referred so that they have the necessary information to diagnose and or treat you.

**Payment:** We can use or disclose your PHI so that we can bill for the services you receive and can collect payment from you, a health plan, or a third party. This includes certain activities your health insurance plan may undertake before it approves/ pays for certain services (such as making a determination of eligibility of benefits, utilization reviews to name a couple).

**Health Care Operations:** We can use or disclose your PHI to run our practice, improve your care, and to contact you when necessary.

**Public Health and Safety Issues:** We can use or disclose your PHI for public health activities. This includes disclosures pertaining to: (1) prevention or control of disease, injury or disability, (2) notification of people regarding recalls of products they may be using, (3) reporting adverse reactions to medications or problems with products, (4) reporting child abuse, neglect, or domestic violence, (5) preventing or reducing a serious threat to anyone's health or safety.

**Research:** We can use or disclose your PHI for health research.

**As Required by Law:** We will disclose your PHI if federal, state, or local laws require it.

**Organ and Tissue Donation:** We can disclose your PHI to organizations that handle organ procurement or transplantation if you are an organ or tissue donor.

**Coroners, Medical Examiners, and Funeral Directors:** We can disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**Law Enforcement:** We can disclose your PHI for law enforcement purposes or with a law enforcement official.

**Special Government Function:** We can disclose your PHI for special government functions such as the military, national security, and presidential protective services.

**Workers' Compensation:** We can use or disclose your PHI for Workers' Compensation or similar programs that provide benefits for work related injuries or illness.

**Health Oversight Activities:** We can disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits, investigations, licensure, and similar activities that are necessary for the government to monitor the health care system.

**Business Associates:** We can disclose your PHI to our business associates who perform functions on our behalf and/or provide us with services. We will provide the PHI only if it is necessary for those functions or services. All of our business associates are obligated by contract to protect the privacy and ensure the security of your PHI.

**Lawsuits and Legal Actions:** We can disclose your PHI in response to a court or administrative order or in response to a subpoena.

## **USES AND DISCLOSURES THAT ALLOW YOU THE CHOICE TO OPT OUT**

**Individuals Involved in Your Care:** You have the right and choice to tell us which, if any, family members, relatives, or close friends you identify to allow sharing of your PHI. Unless you object in writing, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify your family/ friends of your location or condition in a disaster. Notify us of your preference in this matter, and we will follow your instructions.

**Hospital Directory:** You have the right and choice to decide whether or not your PHI is included in a hospital directory. While we may share your information when needed to lessen a serious and imminent threat to health or safety, this office does not maintain a hospital directory.

**Fundraising:** Your PHI may be used to contact you for fundraising activities. You have the right to opt out of receiving these communications. (NOTE: This office does not engage in such activities.)

## **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION**

**Marketing Purposes**

**Sale of Your Information**

**Most Sharing of Psychotherapy Notes**

## **YOUR RIGHTS REGARDING YOUR PHI**

**Copy of Your Medical Record:** You have the right to inspect and/or obtain a copy of your medical record. We can also provide you with a summary of your PHI instead of the entire record. We will provide the paper copy or summary usually within 30 days of your request. Please note there will be a reasonable fee charged for the service.

**Request Corrections:** You have the right to ask us to correct health information about you that you think is incorrect or incomplete. A request must be made in writing to the Privacy Officer at the address provided at the beginning of this notice, and it must tell the reason for the change. We may deny your requested correction, but we will explain why in writing within 60 days.

**Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at work. You must make any such request in writing to the Privacy Officer, and you must specify how/ where we are to contact you. We will agree to any/all reasonable requests.

**Limiting Uses and Disclosures:** You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request, and we may say “no” if it would affect your care. If we do agree, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure, and to whom you want the restriction to apply.

\*If you pay for a medical service or health care item out-of-pocket in full, you can ask us not to disclose that information for the purpose of payment or our operations with your health insurer. We will honor your request unless a law requires us to disclose the information.

**Accounting of Disclosures:** You have the right to ask for a list (accounting) of the times your PHI has been shared for six years prior to the date you ask, who we’ve shared it with, and why. This request must be submitted in writing to the Privacy Officer at the address listed on the front page of this notice. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). The first accounting in a 12 month period is free. Any additional requests during that time will incur a fee.

**Copy of Privacy Notice:** You can ask for a paper copy of this notice at any time, and we will promptly provide one for you.

**Choosing Someone to Act for You:** You have the right to choose someone to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, then that person can exercise your rights and make choices about your health information. We will make certain your designated person has this authority and can act for you before we take any action.

**File a Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. Contact the Privacy Officer at the address listed on the front page of this notice. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail: 200 Independence Avenue S.W., Washington, D.C. 20201, phone: 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## OUR RESPONSIBILITIES

- \* We are required by law to maintain the privacy and security of your protected health information.
- \* We will notify you promptly if a breach occurs that may have compromised the privacy/security of your PHI.
- \* We must follow the duties and privacy practices described in this notice and give you a copy of it.
- \* We will not use or disclose your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Inform us in writing if you change your mind.
- \* We can change the terms of this notice, and the changes will apply to all information we have about you.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

*Notice Effective 9/2013*

Please note this privacy notice is written from the viewpoint of a patient of majority age. While some of our older patients do reach the age of majority, most of our patients are minors. It is understood their parents/guardians will be in charge of their PHI.

I acknowledge that I have read and/or received a copy of the Drs. Black and Benton Pediatrics P.S.C. Notice of Privacy Practices.

Signature: \_\_\_\_\_ Patient: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_