

NOTICE OF PRIVACY PRACTICES

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.

The Charles Henderson Child Health Center is required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. **This Notice takes effect September 23, 2013**, and will remain in effect until we replace it.

The Center reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any revision or amendment to this notice will be effective for all of your records that the Center maintains, including health information we created or received before we made the changes. We will post a copy of our current Notice in our office in a visible location at all times.

You may request a copy of our current Notice at any time, in writing, by phone or in person. For more information about our privacy practices, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The Center will use your PHI as part of rendering patient care, including treatment, payment and health care operations. The following are some, but not all, examples of the types of uses and disclosures that may be made by us.

Treatment: The Center may use and disclose your protected health information (PHI) to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party who is involved in your diagnosis, care or treatment. A third party could be a specialist, laboratory, pharmacist or other health care provider. For example, we may use your PHI to write a prescription for you, or disclose your PHI to a pharmacy when we order a prescription for you by phone. We may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

Payment: The Center may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your diagnosis or treatment in order to determine if your insurer will pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations: The Center may use and disclose your PHI in connection with our business activities. This includes, but is not limited to, quality assessment and improvement, business planning and development, medical review, legal services and auditing functions. Additionally, it includes business administrative activities such as customer service, compliance implementation and resolution of internal grievances. For example we may use or disclose your PHI to a consultant who is performing chart review for compliance monitoring.

We may use a sign-in sheet at the registration desks where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Appointment Reminders: The Center may use and disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards or letters).

Treatment Options: The Center may use and disclose your PHI to inform you of potential treatment alternatives or other health related benefits that may be of interest to you.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

The following is a description of some situations, but not all, where the Center will require your written authorization to use or disclose your PHI. You may revoke an authorization, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your PHI for the reasons covered by that authorization, except where we have already relied on the authorization.

Marketing Purposes: Uses and disclosures of PHI for marketing purposes will require your written authorization.

Sale of Medical Information: Uses and disclosures that constitute a sale of PHI will require your written authorization.

Other: Uses and disclosures not described in the Privacy Notice will be made only with your written authorization.

PERMITTED USES AND DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT

The Center may use or disclose your PHI in the following situations unless you object to the use and/or disclosure. 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 best interest based on our professional judgment.

Family and Friends: Unless you object, the Center may disclose to a family member, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care.

Notification: Unless you object, the Center may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care; of your location, general condition or death.

Limited use or disclosure when you are not present: The Center will use professional judgment and our experience with common practice to make reasonable determinations of your best interest in allowing a person to act on your behalf to pick up prescriptions, medical supplies, x-rays, or similar forms of PHI.

Disaster Relief: Unless you object, the Center may use or disclose your PHI to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses and disclosures permitted above.

OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

The Center may use or disclose your PHI in the following situations without your authorization or opportunity to agree or object.

Required by Law: The Center may use or disclose your PHI to the extent that such use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: The Center may disclose your PHI for public health activities and purposes to a public health authority that is authorized by law to collect or receive the information. The disclosure will be made in accordance with state law for the purpose of preventing or controlling disease, injury or disability. It may include, but is not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, investigations or interventions. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Food and Drug Administration: The Center may disclose your PHI to comply with requirements or at the direction of the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations; to track FDA-regulated products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance, as required.

Communicable Diseases: The Center may disclose your PHI, according to state 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.

Workers Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness without regard to fault.

Abuse or Neglect: The Center may disclose your 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 PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information under law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: The Center 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 entities subject to civil rights laws.

Legal Proceedings: The Center 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: The Center may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) a medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroners, medical examiners and funeral directors: The Center may disclose PHI to a coroner or medical examiner for the purpose of 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 his or her duties.

Research: The Center may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Serious threat to health or safety: Consistent with applicable laws and standards of ethical conduct, we may use or disclose your 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 and is to a person(s) reasonably able to prevent or lessen the threat. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity: The Center may use or disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

National Security: The Center may disclose your PHI to authorized federal officials for conducting national security and intelligence activities. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state.

Inmates: The Center may disclose your PHI to a correctional institution or law enforcement official, if you are an inmate or in lawful custody of a law enforcement official, as necessary and required by law.

Business Associates: The Center may contract with outside businesses to provide some services for us. For example we may use the services of an afterhours call center or technology maintenance group. Under such contracts, we may share your PHI with them to do the job we have asked them to do. These contracts require the businesses to protect the PHI we share with them.

Fundraising: The Center may use or disclose limited PHI to contact you for fundraising efforts of a program developed by our practice. You have the right to opt out of receiving fundraising communications.

The following is a statement of your rights with respect to protected health information and a brief description of how you may exercise these rights.

Notification of Breach: The Center will keep your PHI private and secure as required by law. If any of your PHI is accessed, used or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of a breach.

Requesting Restrictions: You have the right to request a restriction of the Center's use or disclosure of any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members, friends or any other person who may be involved in your care or for notification purposes. 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 you.

If you pay out of pocket in full for a healthcare item or service, you may request a restriction of the disclosure of your PHI to your health plan for carrying out payment or health care operations. The Center *must* agree to restrict that disclosure.

Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by completing our form "Request for Restrictions of Protected Health Information".

Confidential Communications: You have the right to request that the Center communicate with you about your health and related issues by alternative means or at an alternative location. We will accommodate reasonable requests. We may 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. We will not request an explanation from you as to the basis for the request. You must make a request for confidential communication in writing to our Privacy Officer.

Inspection and Copies: You have the right to access to inspect and obtain a copy of PHI about you 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 about you that your physician and the practice uses for making decisions about you. You may request access by completing our form "Request to Inspect and Copy Protected Health Information" which you may obtain from Medical Records.

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. The Center may deny your request to inspect and/or copy in certain circumstances; however, you may request a review of our denial.

Amendment: You have the right to request an amendment of PHI about you for as long as we maintain this information. A request for an amendment must be made in writing and provide a reason to support your request. In some cases, the Center may deny your request for 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. If you have questions about amending your PHI, please contact medical records or our Privacy Officer.

Accounting of Disclosures: You have the right to receive an accounting of disclosures we have made of your PHI. This right applies to disclosure for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, those that were authorized by you or your personal representative or for notification purposes. In order to obtain an accounting of disclosures, you must submit your request in writing, state a time period, which may not be longer than six (6) years prior to the date of disclosure and may not include dates before April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Copy of This Notice: You have the right to obtain a paper copy of our Notice of Privacy Practices at any time upon request.

Complaints: You may complain to the Center or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. All complaints must be in writing and submitted to our Privacy Officer. You will not be retaliated against for filing a complaint.

If you have any questions regarding this notice or our health information privacy policies please contact our Privacy Officer by telephone at (334) 566-7600 or (800) 222-9362, or by mail Attention: Privacy Officer, Charles Henderson Child Health Center, P O Box 928, Troy, AL 36081