



bay area pediatric pulmonary medical corporation

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NOTICE OF HIPAA/PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR CHILD'S HEALTH MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

When we refer to your child in this Notice, we also mean you if you are the patient.

If you have any questions about this Notice, please contact the Bay Area Pediatric Pulmonary Medical Corporation, Inc. [BAPP] Privacy Officer at (510) 428-3305.

WHO DOES THIS NOTICE COVER?

This Notice describes our group's practices and that of:

- all employees, staff, volunteers, and other personnel whose work is under direct control of BAPP;
- any healthcare professional authorized to enter information into your child's medical record;
- all affiliated physicians who provide care to our patients;
- all clinics, including satellite clinics and other off-campus sites, operated by BAPP.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about your child and your child's health is personal. We are committed to protecting medical information about you and your child.

We create a record of the care and services your child receives at our clinic. We need this record to provide your child with quality care and to comply with certain legal requirements.

This Notice applies to all of the records of your child's care generated by our clinic, whether made by BAPP personnel or by your child's personal doctor. Your child's personal doctor may have different policies or notices regarding the doctor's use and disclosure of your child's medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose information about your child. It will also describe your rights and certain obligations we have regarding the use and disclosure of such information.

OUR DUTIES

We have a duty and responsibility to safeguard your child's medical information. We are required by law to maintain the privacy of your child's personal medical information and to give you this Notice of our duties and our privacy practices. We must follow the terms of our Notice that are currently in effect.

Changes to this Notice

We reserve the right to change our Policies and Procedures, as described in this Notice, at any time. We reserve the right to apply these changes to any medical information that we already have, as well as to any medical information we receive in the future. We will post a copy of the current Notice in prominent locations in our clinics. The new Notice will include an effective date.

Complaints

If you believe your/your child's privacy rights have been violated, you may file a complaint with BAPP. Complaints must be made in writing to BAPP, Privacy Officer, 744 – 52nd Street, Oakland CA 94609. Your child's care and treatment will not be affected, and you will not be penalized for filing a complaint. You also have the right to file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, at the Office for Civil Rights.

HOW MAY WE USE OR DISCLOSE YOUR HEALTH INFORMATION?

The following categories describe different ways in which we use and disclose information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We will use information about your child to provide him/her with medical treatment or services. This means we will disclose medical information about your child to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of your child. For example, when your child's pediatrician refers your child to BAPP for treatment of asthma, the pediatrician may need to share medical information with the pulmonologist. Different departments at various hospitals also may share medical information about your child in order to coordinate the different services that your child needs, such as prescriptions, lab work, and x-rays. We may share information about your child with individuals outside our practice who may need it in order to provide him/her with medical treatment or services. These may include, but are not limited to, primary care physicians, referring physicians, or home health agencies.

For payment: We may use and disclose your child's medical information to obtain payment for the services we provide to your child. For example, we may need to provide medical information about a procedure that your child received so that your health plan can pay us or reimburse you for the procedure. We may also tell your health plan administrator about a treatment or procedure your child is going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment or procedure.

For Healthcare Operations

We use and disclose your child's medical information for activities that are necessary to run our practice and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctor, nurses, technicians, medical students, and other healthcare personnel for review and learning purposes. We may combine the medical information we have with the medical information from other practices/hospitals to compare how we are doing and to see where we can improve the care and services we offer.

Business Associates

Some of BAPP's services or activities are provided through contracts with business associates. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services, and accountants to provide services on our behalf. We may disclose your child's medical information to our business associates so that they can perform the service on our behalf. To protect your child's medical information, we require our business associates to sign a written privacy agreement.

News Gathering Activities

A member of your child's healthcare team may contact you or one of your family members to discuss whether or not you want to participate in a media or a news story. News reporters often seek interviews with patients experiencing particular medical conditions or undergoing certain procedures. For example, a reporter working on a story about a new cystic fibrosis therapy may ask whether any of the patients undergoing the therapy might be willing to be interviewed.

Fundraising

We may use demographic information from your child's medical record to contact you to raise money for certain activities. We may disclose this information to our foundation so that our foundation may contact you. If we do so, we will release only your name, address, phone number, and the dates your child received services from us. If you receive a fundraising notice from us, you will be told how you can stop any future fundraising notices, if you so desire.

Individuals Involved in Your Child's Care, or Payment for Your Child's Care

We may release medical information about your child to a friend or family member who is involved in your child's medical care, or who helps pay for your child's care. In addition, we may disclose health information about your child to an entity assisting in a disaster relief effort, so that your family can be notified about your child's condition, status, and location.

Research

Your child's medical information may be important to further research efforts and the development of new knowledge. All research projects in which we engage must be approved through a special review process to protect patient safety, welfare, and confidentiality. We may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of state and federal law.

Occasionally, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to have your child participate by signing a consent form. When approved through a special review process, other studies may be performed using your child's medical information without requiring your consent. These studies will not affect your treatment or welfare, and your child's medical information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

We may also use and disclose medical information:

- to remind you that your child has an appointment for medical care;
- to assess your satisfaction with our services;
- to tell you about possible treatment alternatives;
- to tell you about health-related benefits or services;
- for population-based activities relating to improving health or reducing healthcare costs; and,
- for conducting training programs or reviewing competence of healthcare professionals.

When disclosing information, primary appointment reminders, and billing/collections efforts, we may leave messages on your answering machine or voice mail.

Legal Requirement to Disclose Information

We will disclose your child's medical information when we are required to do so by federal, state or local law to the following types of entities, including but not limited to:

- Food and Drug Administration;
- Public health or legal authorities charged with preventing or controlling disease, injury or disability;
- Correctional institutions;
- Workers' Compensation agents;
- Organ and tissue donation organizations;
- Military command authorities;
- Health oversight agencies;
- Funeral directors, coroners and medical examiners;
- National security and intelligence agencies;
- Protective services for the President and others.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD

Authorization

Your child's medical record is the physical property of BAPP. However, the information belongs to you and your child. We may use or disclose your child's medical information for any purpose that is listed in this notice without your written authorization. We will not use your child's medical information for any other reason without your written authorization. If you authorize us to use or disclose your child's medical information, you can revoke the future use of this authorization at any time.

Minors and Personal Representatives

In most situations, parents, guardians, and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations in which minors independently may exercise the rights described in this Notice. Upon request, we will provide you with additional information on the minor's rights under State law.

Right to Inspect and Copy

You have the right to inspect and copy information that may be used to make decisions about your child's care, for a fee. Usually, this includes medical and billing records, but may not include some mental health information. If you want to review or receive a copy of these records, you must make a request in writing to our Medical Records Department BAPP, 744 – 52nd Street, Oakland CA 94609. We may charge a fee for the cost of copying and mailing the records. We may also

deny you access to certain information. If we do so, we will give you the reason in writing. We will also explain how you may appeal the decision.

Right to Amend

If you feel that information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for BAPP. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Please note that even if we accept your request, we are not required to delete any information from your child's medical record.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of medical information about your child. This accounting will list the times we have shared your medical information with others. The list will include the dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason for disclosure. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment or healthcare operations; disclosures for national security purposes; disclosures you have authorized; and, disclosures made directly to you.

You must submit your request for a list or accounting of disclosures in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your child's care or the payment for your child's care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

You must make your request for a restriction or limitation on the medical information we use or disclose about your child, in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must make your request for confidential communications during the registration process. We will not ask you the reason for your request, and will attempt to accommodate all reasonable requests. Your request must be in writing, and specify how or where you wish to be contacted.

Right to a Paper Copy of Privacy Notice

You have the right to a paper copy of this Notice. You may ask us to give you another copy of this Notice at any time.