

LOUISVILLE PEDIATRIC SPECIALISTS, PSC  
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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (PHI). "Protected health information" is information about you, including demographic information, that may identify you and that relates to your 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. You may request a revised version by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

How this Practice Protects Your PHI:

- Your PHI may be used and disclosed by staff members involved in your care and treatment for the purpose of providing health care services to you. Your PHI may be used and disclosed to pay your health care bills and to support the operations of your physician's practice such as coordinating your care.
- Your PHI may be used or disclosed as required by law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- Your PHI may be disclosed for public health activities and purposes to the public health authorities that are permitted by law to collect or receive information such as preventing or controlling disease, injury or disability.
- Your PHI may be disclosed if authorized by law, for the purpose of exposure to a communicable disease or otherwise a risk of contracting or spreading the disease or condition.
- Your PHI may be disclosed to agencies authorized by law for audits, investigations, and inspections such as government agencies that oversee the health care system, government benefit programs and other civil rights laws.
- Your PHI may be disclosed to a public health authority authorized by law to receive reports of child abuse or neglect. In addition, we may disclose PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.
- Your PHI may be disclosed to authorized person or company by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of the FDA-regulated products or activities such as tracking products, enable product recalls, or conduct post marketing surveillance as required by law.
- Your PHI may be disclosed in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or conditions in response to a subpoena.
- Your PHI may be disclosed as applicable legal requirements are met, for law enforcement purposes such as locating a suspect, fugitive, material witness or missing person.
- Your PHI may be disclosed to a funeral director, coroner or medical examiner for identification purposes, determining cause of death or to perform duties authorized by law.
- Your PHI may be disclosed for research purpose when this has been approved by an institutional review board.
- Your PHI may be disclosed when appropriate conditions apply, for individuals who are Armed Forces personnel, as deemed necessary by appropriate military command authorities, by the Department of Veterans Affairs, to foreign military authorities if you are a member of that foreign military service, for the purpose of conducting national security and intelligence activities including provisions of protective services to the President or others legally authorized.
- Your PHI may be disclosed to comply with workers' compensation laws.
- Your PHI may be disclosed if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing you care.
- Other use and disclosure of your PHI will be made only with your written authorization unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. If you revoke your authorization, we will not use or disclose your PHI for the specifications of the written agreement.
- You have the right to inspect and copy your PHI about you for as long as we maintain the PHI. You may not inspect or copy psychotherapy notes, information compiled in anticipation of a civil or criminal proceeding, laboratory results that are subject to law, research that you signed your authorization rights for trial programs. As permitted by federal law, we may charge you're a reasonable copy fee for a copy of your records.
- You have the right to request a restriction of your PHI for the purpose of treatment, payment or health care operations when payment for the treatment has been made in full from out of pocket expense. You may also request PHI not be disclosed to family members or friends who may be involved in your care. Your physician is not required to agree to a restriction that you may request.
- You have the right to request to receive confidential communication by alternative means or locations.
- You have the right to have your physician amend your PHI, in certain cases we may deny your request for amendment.
- Your PHI cannot be used for marketing products and services without authorization from you.
- You have the right to receive an accounting of certain disclosures we have made, if any, on your PHI. This excludes disclosures we may have made for you if you authorized us to make the disclosure, for participating physicians who consult or assist with your care, for national security or other law enforcement disclosures.
- You have the right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer: Sherry Baker, RN, CMM, FACMPE

Contact Information: (502)935-7184

6801 Dixie Hwy., Ste. 127 Louisville, KY 40258

This notice was published and becomes effective on: SEPTEMBER 23, 2013

## **SUMMARY - NOTICE OF PRIVACY PRACTICES**

**THIS IS A SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE HAVE ALSO MADE AVAILABLE TO YOU A FULL VERSION OF THE NOTICE.**

### **Our Pledge to Protect your Privacy:**

LOUISVILLE PEDIATRIC SPECIALISTS, PSC, are committed to protecting the privacy of your medical information. So that we can best meet your needs, we share your medical information with all the healthcare providers involved in your care. Only to the extent necessary, we also use and share your information to conduct our business operation, to collect payment for the services we provide to you and to comply with the laws that govern healthcare. We will not use or disclose your information for any other purpose without your permission.

### **You have the following rights to access and control your health information:**

- To inspect and obtain a copy of your medical and billing records, subject to local, state and/or federal laws;
- To request restrictions on certain uses or disclosures of your medical information;
- To request an accounting of LOUISVILLE PEDIATRIC SPECIALISTS, PSC disclosures of your medical information;
- To add an addendum to your medical record;
- To request that we communicate with you in a certain way or at a certain location;
- To receive a copy of the full version of our Notice of Privacy Practices.

### **Examples of how we may use and disclose your health information :**

- To provide you with medical treatment and services;
- To bill and receive payment for the treatment and services you receive;
- For functions necessary to run our practice and to assure that our patients receive quality care;
- To provide minimum necessary information to those associates who require information to perform their job tasks:
- To support our research mission as an academic medical center with approval of the Privacy Board;
- For workers' compensation or similar programs;
- For required public health activities (e.g., reporting abuse or adverse reactions to medications);
- For healthcare oversight;
- For law enforcement in certain limited circumstances;
- To a coroner, medical examiner or funeral director as required by law;
- For organ procurement or transplantation, if you are a potential donor.

### **For further information about the full Notice, please contact:**

**Sherry Baker, RN, CMM, FACMPE** at (502)935-7184  
6801 Dixie Hwy., Ste. 127 Louisville, KY 40258