



## NOTICE OF PRIVACY PRACTICES

We understand that information about your child's health is very personal and therefore, we will strive to protect your privacy as required by law. We will only use and disclose your child's personal health information ("PHI"), as allowed by applicable law. This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to maintain the privacy of our patients' PHI and to provide you with notice of our legal duties and privacy practices with respect to your child's PHI. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all PHI maintained by us. You may receive a copy of any revised notice by mailing a request to Center City Pediatrics, 1740 South Street Suite 200, Philadelphia, PA 19146.

**USES AND DISCLOSURES OF YOUR PHI:** The following categories detail the various ways in which we may use or disclose your child's PHI.

**Your Authorization.** In specific situations, Center City Pediatrics will not use or disclose your child's PHI without you signing an authorization form. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke this authorization in writing, except to the extent we have already acted upon it.

Except as outlined below, we will not use or disclose your child's PHI for any other purpose unless you have signed a form authorizing the use or disclosure.

**Uses and Disclosures for Treatment.** We will use and disclose your child's PHI as necessary for treatment which may include institutions and individuals outside of Center City Pediatrics that are or will be providing treatment to your child.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your child's PHI as necessary, and as permitted by law, for health care operations.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your child's PHI as necessary for payment purposes, subject to your right to **Request Restrictions on Disclosures to your Health Plan.**

**Persons Involved In Your Child's Care.** Unless you object, we may, in our professional judgment, disclose to a member of your family or any other person you identify, your child's PHI, to facilitate that person's caring for your child.

**Appointments and Services.** We may use your child's PHI regarding appointments or to follow up on your child's visit.

**Business Associates.** Certain aspects of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, consulting and legal services. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment/billing activities and health care operations. In such cases, we require these business associates and any of their subcontractors, to appropriately safeguard the privacy of your information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your child's PHI without your consent or authorization. Subject to conditions specified by law:

- For any purpose required by law;
- For public health activities, such as required reporting of disease;
- To certain governmental agencies if we suspect child abuse or neglect;
- To entities regulated by the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls;
- To a government oversight agency conducting audits, investigations, inspections and related oversight functions;
- In emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- By a court or administrative order, subpoena or discovery request; usually you will have notice of such release;
- To law enforcement officials to identify or locate suspects, fugitives, witnesses, or victims of crime, or for other allowable law enforcement purposes;
- To coroners, medical examiners, and/or funeral directors;
- To arrange an organ or tissue donation or a transplant.

**TWO LOCATIONS. ONE GREAT PLACE FOR KIDS.**

1740 South Street, Suite 200 Philadelphia, PA 19146

146 Montgomery Avenue, Suite 200, Bala Cynwyd, PA 19004

[www.centercitypediatrics.com](http://www.centercitypediatrics.com) • 215.735.5600 • [info@centercitypediatrics.com](mailto:info@centercitypediatrics.com)



**Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Behavioral Health Records.** The confidentiality of the above named records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

#### **RIGHTS THAT YOU HAVE**

**Access to Your PHI.** Generally, you have the right to access, inspect, and/or receive paper and/or electronic copies of the PHI that we maintain about your child. Requests for access must be made in writing and be signed by you or your representative. We will charge you for a copy of your child's medical records in accordance with a schedule of fees established by applicable state law. You may obtain an access request form from our office.

**Amendments to Your PHI.** You have the right to request the PHI that we maintain about your child be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. Please note that even if we accept your request, we may not delete any information already documented in your medical record. You may obtain an amendment request form from our office.

**Accounting for Disclosures of Your PHI.** You have the right to receive an accounting of certain disclosures made by us of your child's PHI except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. Requests must be made in writing and signed by you or your representative.

**Restrictions on Use and Disclosure of Your PHI.** You have the right to request restrictions on certain uses and disclosures of your child's PHI for treatment, payment, or health care operations. A restriction request form can be obtained from our office. We are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination.

**Restrictions on Disclosures to Health Plans.** You have the right to request a restriction on certain disclosures of your PHI to your health plan. We are only required to honor such requests for restriction when you or someone on your behalf, other than your health plan, pay for the health care item(s) or service(s) in full. Such requests must be made in writing, and should identify the services that the restriction will apply to. You may obtain a restriction request form from our office.

**Confidential Communications.** You have the right to request communications regarding your child's PHI from us by alternative means and we will accommodate reasonable requests by you in writing.

**Breach Notification.** We are required to notify you in writing of any breach of your child's unsecured PHI as soon as possible, but in any event, no later than 60 days after we discover the breach.

**Paper Copy of Notice.** As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Our Notice may also be obtained on our website at [www.centercitypediatrics.com](http://www.centercitypediatrics.com).

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint in writing with our office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. All complaints must be made in writing and will not affect the quality of care you receive from us.

**For further information.** If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact us in writing at: Center City Pediatrics attention: Privacy Officer, 1740 South Street Suite 200, Philadelphia, PA 19146, by telephone at (215) 735-5600, or by e-mail at [ccppeds@gmail.com](mailto:ccppeds@gmail.com).

**Effective Date.** This Notice of Privacy Practices is effective October 1, 2013.

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