



## NOTICE OF PRIVACY PRACTICES

Pediatric Alliance, PC is committed to protecting your personal health information (PHI) as enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 2013 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.

We are required by HIPAA to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. This Notice was updated in July 2013, and will remain in effect unless we replace it.

Your personal health information may be shared, if requested, by your health insurance plan for purposes of treatment, payment, and health care operations. Disclosures of information will be limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the disclosure of medical records for treatment purposes because physicians, specialists, and other providers need access to the full record to provide quality care. We may disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

We may also disclose your protected health information to other covered entities or business associates. Business Associates are entities that provide services to our practice and that require access to protected health information of our patients in order to provide those services.

We may also disclose your protected health information for public health activities that are permitted by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

We may also disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

We may disclose your protected health information in response to an order of a court or in response to a subpoena or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, parent, etc.

We may use your health information for internal operations within Pediatric Alliance, PC. This includes quality improvement activities, population based activities relating to improving health or reducing health care costs, accreditation, certification, licensing and credentialing activities, etc.

We may use your health information to conduct research, only if approved as necessary and appropriate by a review board (also called an Institutional Review Board or IRB), which is obligated to protect human rights in research.

We may use postcards to send you non-personalized notices such as address changes, periodical health-related notices, and generalized health-related services available to your children.

For all other purposes, (including marketing) we will obtain your written authorization to use or disclose specific information. You are able to revoke your authorization at any time.

Following is a description of your rights with respect to your protected health information.

- You have the right to request copies of your protected health information. You must make this request in writing to obtain access to your protected health information.
- You also have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, or health care operations. Most disclosures are for these reasons.
- You also have a right to request a restriction on the protected health information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to these additional restrictions. You may request a restriction in writing by providing to us the specific information you want to limit and how you want to limit this disclosure.
- You have the right to request confidential communications with us. You must make this request in writing and state the means of communication you prefer.
- You have the right to request an amendment to your protected health information. This request must be in writing. You may obtain this form from Pediatric Alliance. This form is titled "REQUEST FOR MEDICAL RECORD AMENDMENT."
- You have a right to receive a copy of this Notice.
- You have a right to receive timely written notice of a breach of your unsecured protected health information.
- If you have any questions or are concerned that Pediatric Alliance, PC may have violated your privacy rights, you may address this issue by contacting the Compliance Officer for Pediatric Alliance. The phone number is (412) 278-5100 during normal business hours. You may also submit a complaint to the Office of Civil Rights, US Department of Health and Human Services.
- Furthermore, all Pediatric Alliance employees agree to abide by the Pediatric Alliance Confidentiality Policy.

## **CLINICALCONNECT HEALTH INFORMATION EXCHANGE STANDARD ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES**

### **Update Effective: February 1, 2016**

Pediatric Alliance (“Provider”) participates in the ClinicalConnect Health Information Exchange (HIE). Generally, a HIE is an organization that providers, payers, and providers of ancillary healthcare related services participate in (each a “Participant”) to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, Pediatric Alliance may share your health information with Participants or participants of other health information exchanges, by example P3N (Pennsylvania Patient & Provider Network) and Healthway (a national network that allows providers to exchange information). This health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests, Radiology tests, GI tests, cardiac tests, neurological tests, etc.
- Health Maintenance documentation
- Problem lists
- Allergy Information
- Immunizations
- Medication lists
- Consultation and Progress notes
- Discharge summaries and instructions
- Clinical Claims Information

Ancillary healthcare related service providers may include, but are not limited to:

- Organ Procurement
- Diagnostic Testing
- Pharmacies
- Durable medical Equipment Suppliers
- Home Health Services

All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE (“Opt-Out”):

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying Pediatric Alliance.

A list of Participants may be found at:  
[www.clinicalconnecthie.com](http://www.clinicalconnecthie.com).