



401 N. 17th Street, Suite 307, Allentown, PA 18104  
(610) 434-2162 • (610) 434-9370 fax  
612 Elm Street, Bethlehem, PA 18018  
(610) 865-3151 • (610) 865-3249 fax

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Introduction

At Lehigh Valley Pediatric Assoc., Inc., we are committed to treating and using protected health information about your child responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your child's protected health information. This Notice is effective 4/14/03 and applies to all protected health information as defined by federal regulations.

### Understanding Your Child's Health Record/Information

Each time your child visits Lehigh Valley Pediatric Assoc., Inc., a record of your child's visit is made. Typically, this record contains your child's symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your child's health or medical record, serves as a:

- Basis for planning your child's care and treatment.
- Means of communication among the many health professionals who contribute to your child's care.
- Legal document describing the care your child received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of this state and the nation.
- Activities conducted to obtain payment for your child's care.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your child's record and how your child's health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your child's health information, and make more informed decisions when authorizing disclosure to others.

### Your Child's Health Information Rights

Although your child's health record is the physical property of Lehigh Valley Pediatric Assoc., Inc., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your child's health record as provided for in 45 CFR 164.524.
- Amend your child's health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your child's health information as provided in 45 CFR 164.528.
- Request communications of your child's health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your child's information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### Our Responsibilities

Lehigh Valley Pediatric Assoc., Inc. is required to:

- Maintain the privacy of your child's health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice in the office.

We will not use or disclose your child's health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your child's health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 610-434-2162.

If you believe your child's privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## Examples of Disclosures for Treatment, Payment and Health Operations

*We will use your child's health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of your child's health care team will be recorded in your child's record and used to determine the course of treatment that should work best for your child. Your child's physician will document in your child's record their expectations of the members of your child's health care team. Members of your child's health care team will then record the actions they took and their observations. In that way, the physician will know how your child is responding to treatment.

We will also provide your child's physician or a subsequent health care provider with copies of various reports that should assist them in treating your child once he or she is discharged.

*We will use your child's health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies your child, as well as your child's diagnosis, procedures, and supplies used.

*We will use your child's health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your child's health record to assess the care and outcomes in your child's case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

**Business associates:** There are some services provided in our organization through contacts with business associates. Examples include: physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your child's health record. When these services are contracted, we may disclose your child's health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard your child's information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your child's care, location, and general condition.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your child's care or payment related to your child's care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's health information.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your child's health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your child's health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Release Authorizations:** Certain disclosures and uses of patient information require authorization from the patient.

Disclosures include:

**Psychotherapy notes:** These notes are from a mental health professional and are kept separate from your child's record.

**Fundraising:** The office does not use any personal information in Marketing or Fundraising.

**Restricting information releases:** A patient who pays for a service in full and out of pocket may request that the office not disclose any information about the service to an insurance company. The request must be in writing and has to identify what information is restricted and what insurance company is not to receive it, including Medicare and Medicaid.

**Breach notifications:** Patients will be notified in writing when a breach in their protected information occurs. Any loss or inappropriate disclosure of data is a breach.

Patients may ask for their records in electronic format (if available). The office must supply this information within 30 days.