



## Health Information Privacy Policy November 1, 2013

6255 N Fresno St.  
Suite 106  
Fresno, CA 93710  
Tel: (559) 435-1500 Fax: (559) 478-5082  
Email: info@firstpeds.com  
URL: www.firstpeds.com

### **Our Pledge Regarding Your Health Information;**

In the course of receiving services from First Pediatrics Medical Group, Inc., you will provide us with personal information about your health with the understanding that this information will be kept confidential. We need this information to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by First Pediatrics Medical Group, Inc.

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

This Policy describes our practice and that of;

- All employees, staff and other personnel whose work is under the direct control of First Pediatrics Medical Group, Inc. and all affiliated physicians who provide care to our patients.

### **Requirements;**

- We are required to protect the privacy of your personal health information.
- We must give this notice of our privacy practices and legal duties regarding health information to anyone who requests it.
- We must follow the terms of this policy that are currently in effect.

### **Notification;**

- If you have any questions about this policy, please contact the First Pediatrics Medical Group, Inc. Privacy Officer at (559) 435-1500.

### **Our Right to Change this Policy;**

We reserve the right to change our Policies and Procedures, as described in this Policy, at any time. We reserve the right to apply these changes to any Health Information, which we already have, as well as to any Health Information we receive in the future. We will post a copy of the current policy in a prominent location. Any new policy will include an effective date.

### **How We May Use or Disclose Your Health Information:**

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures we will explain what we mean and try to 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 you to provide you with medical treatments or services. This means we will disclose health information about you to physicians, nurses or other practice personnel who are involved in taking care of you at our practice. We may share information about you to individuals outside of our practice that may need it in order to provide you with medical treatment or services after you leave our practice. This may include, but is not limited to primary care physicians and referring physicians.



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### **For Payment;**

We will use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you.

### **For Health Care Operations;**

We will use your health information for activities that are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatments and services and to evaluate the performance of our staff. We may also combine medical information about many practice patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

### **Treatment Alternatives;**

We may use your health information to inform you about possible treatment options or alternatives that may be of interest to you.

### **Health Related Benefits and Services;**

We may use your health information to inform you of health related benefits or services that may be of interest to you.

### **Research;**

Under certain circumstances, we may disclose your health information in connection with research projects. Federal rules govern disclosure of your health information for research purposes without your authorization; however, federal rules also require your informed consent prior to the receipt of health care services as part of a research project and adequate safeguards to protect the privacy of your health information.

### **Legal Requirement to Disclose Information;**

We will disclose your health information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited. We will disclose your health information when we are required to do so by a court order or other judicial or administrative processes.

### **To Avert a Serious Threat;**

We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. This disclosure will only be made to someone who is able to prevent or reduce the threat.

### **Public Health Activities;**

We may disclose your health information for public health activities. We will only make this disclosure if you agree or when required or authorized by law. These activities generally include the following;

- To prevent or control disease, injury or disability including but not limited to the reporting of sexually transmitted diseases, tuberculosis, positive HIV results, etc.
- To report the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with supplies; to notify people of recalls of supplies that they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.



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### Health Oversight Activities;

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensors. These activities are necessary for the government to monitor the health care system government programs and compliance with civil rights laws.

### Law Enforcement;

We may release your health information for law enforcement purposes, in the possible following instances;

- To identify or locate a suspect fugitive, material witness, victim or missing person, or in connection with suspected criminal activity.
- To a federal agency investigating our compliance with federal privacy regulations; or to report a crime in emergency circumstances.

### National Security and Intelligence Activities;

We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities as authorized by law.

### Inmates;

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official. This release would be necessary;

- For the institution to provide you with health care.
- To protect your health and safety of others.
- For the safety and security of the correctional institution.

### YOUR RIGHTS:

#### Authorization;

Although your health information is the physical property of First Pediatrics Medical Group, Inc., the information belongs to you. We may use or disclose your health information for any purpose that is listed in this policy without your written authorization. We will not use your health information for any other reason without your written authorization. If you authorize us to use or disclose your health information, you can revoke the authorization at any time.

#### Right to Inspect and Copy;

You have the right to inspect and copy information that may be used to make a decision about your 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. 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, we will give you the reason why in writing. We will also explain how you may appeal the decision.

#### Right to Amend;

If you feel that the information we have about your health information 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 First Pediatrics Medical Group, Inc. 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 health information record.



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### **Right to an Accounting of Disclosure;**

You have the right to request a list of certain disclosures of your health information. This accounting will list the times we have given your health information to others. The list will include the dates of disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. Disclosures for the following reasons will not be included on the list;

- Disclosures for the treatment, payment or healthcare operations.
- Disclosures of information in our practice directory.
- Disclosures for national security purposes.
- Disclosures you have authorized.
- Disclosures made directly to you.

Your request must state a time period, which may not be longer than six years and may not include dates before November 1, 2013. Your request should indicate in what form you want the list. The first list you request within a twelve month period will be free. For additional lists, we may charge you for the cost 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 health information we use or disclose about your treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We neither 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.

### **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.

### **Right to a Paper Copy of Health Information Policy;**

You have the right to request a paper copy of this policy. You may ask us to give you a copy of this policy at any time. Even if you have agreed to receive this policy electronically, you are still entitled to a paper copy of this policy.

### **COMPLAINTS:**

If you believe that your privacy rights have been violated, you may file a complaint with First Pediatrics Medical Group, Inc. To file a complaint with our practice, contact First Pediatrics Medical Group's Privacy Officer at 6255 N. Fresno Street, Suite 106, Fresno, CA 93710, or e-mail: info@firstpeds.com. All complaints must be in writing.

You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

### **FOR MORE INFORMATION;**

To act on any of the information provided in the Health Information Policy or Statement, or for more information about our privacy practices, you may contact: First Pediatrics Medical Group, Inc., 6255 N. Fresno Street, Suite 106, Fresno, CA 93710. (559) 435-1500.