

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 (“Notice”) describes how Plymouth Pediatric Associates, LLC (“PPA” or “we”) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The Notice also describes the obligations we have to protect your privacy as well as your rights regarding the protected health information we maintain about you. Anyone who is a patient of PPA and receives services at any of its locations will receive a copy of this Notice.

PROTECTED HEALTH INFORMATION

Protected health information (“PHI”) is any information about your past, present or future health care, or payment for such care.

OUR RESPONSIBILITIES

PPA is committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI. We will not use or disclose your PHI without your authorization, except as described in this Notice. You may request a paper copy of this Notice at any time. A copy of the current Notice is also posted at each of PPA’s offices and is available on our website at: www.plymouthpediatricassociates.com . If after reviewing this Notice you have any questions, please contact our Privacy Officer (contact information listed below).

I. HOW WE MAY USE AND DISCLOSE YOUR PHI.

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your written authorization. Below we describe the different categories of uses and disclosures and give you some examples of each category. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

For Treatment: We may use or disclose PHI to manage, coordinate and provide your health care treatment and any related services. For example, PPA may disclose information to PPA staff who are involved in managing and providing your care, including nurses, physicians and other health care personnel. We may also disclose your PHI to other non-PPA providers, such as your other health care providers. PHI may include but not be limited to your health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment.

For Payment: We may use or disclose your PHI for billing and payment purposes. For example, we may disclose your PHI to your insurer or other third-party payers to verify that services billed were actually provided or to determine if the insurer will approve future treatment.

For Health Care Operations: We may use or disclose your PHI for our health care operations. For example, your PHI may be used to perform assessments to improve our quality of services. This information will be used to improve the effectiveness of the health care and services provided by PPA.

Marketing and Fundraising: We may contact you as part of fundraising efforts. You have the right to opt out of receiving such communications.

II. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

PPA may legally use and disclose your PHI to others for certain purposes that are not treatment, payment or health care operations, without your written authorization. Such examples include but are not limited to: when such disclosures are required by law (e.g., law enforcement purposes, mandated reporting of abuse and neglect); for public health activities; for health oversight activities; to avoid harm; for specific government functions; and for worker's compensation purposes. Further, some services are performed on PPA's behalf by third party contractors, called business associates; to protect your PHI, we require that business associates properly safeguard your PHI. Finally, health professionals may, using their best judgment, disclose your PHI to a family member, other relative, close personal friend, or any other person you identify with respect to your care, general condition or payment matters related to your care.

III. USE OR DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

All other uses and disclosures of your PHI not otherwise or previously covered by this Notice will require your written authorization, unless otherwise required by law. If you provide us with authorization to disclose such PHI, you can later revoke it in writing to prevent any future uses and disclosures of the PHI, except to the extent that PPA has already acted upon your previously provided consent. The following uses and disclosures always require your written authorization, unless otherwise required or permitted by law:

- A. Most uses and disclosures of psychotherapy notes.** Any use or disclosure of your psychotherapy notes requires your written authorization, except: (1) as used by the originator of such notes for treatment purposes; (2) as used or disclosed for our own supervised training programs for students, trainees, or practitioners in mental health; (3) as used or disclosed to defend PPA in the event you bring a legal action or other proceeding against us; and (4) as otherwise required or permitted by law.
- B. Uses and disclosures for marketing purposes.** Any use or disclosure of your PHI for marketing purposes requires your written authorization, except communications in the form of: (1) a face-to-face communication made by us to an individual; or (2) a promotional gift of nominal value provided by us.
- C. Uses and disclosures that involve the sale of PHI.** Any use or disclosure of your PHI which is a sale of such PHI requires your written authorization.

IV. YOUR RIGHTS:

Although your medical records are the physical property of PPA, you have certain rights with regard to your PHI maintained by PPA, as follow:

- A. Right to inspect and/or obtain a copy of your PHI.** You have the right to inspect and/or obtain a copy of your PHI that may be used to make decisions about your care. Usually, this includes case records, but may not include psychotherapy notes. To inspect and/or obtain a copy of PHI that may be used to make decisions about you, you must submit your request in writing. A summary of your PHI may be provided, and if you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and/or copy your PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- B. Right to amend.** If you believe that the PHI we have about you is incorrect or incomplete, you have the right to ask us to amend the information. To request an amendment, your request must be made in writing and provide a reason that supports your request. We may deny your request under certain circumstances, including the following: (1) if your request is not in writing; (2) the PHI was not created by us; (3) the PHI is not part of the information which you have been permitted to inspect and/or copy; or (4) if the PHI is accurate and complete.
- C. Right to an accounting of disclosures.** You have the right to request that we provide you with an accounting of disclosures or, in other words, a list of instances when your PHI has been released. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or health care operations are limited to three years. The accounting will not include: (1) non-electronic disclosures relating to treatment, payment or health care operations; (2) disclosures if you gave your written authorization to share the information; (3) disclosures shared with individuals involved in your care; (4) disclosures to you about your health condition; (5) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you. We will respond to your request within sixty (60) days of receiving it. The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve (12) month period, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.
- D. Right to request restrictions on use or disclosure.** You have the right to request a limit on the PHI we disclose about you to others who are involved in your care or for payment, like a family member or friend. We are not required to comply with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. In your request, which must be written, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. Note, however, that if you are in an emergency situation, we may disclose your PHI to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. If you are not in an emergency situation but

are unable to make health care decisions, we may disclose your PHI, as authorized by law, to third parties, such as: (i) your health care agent if we have received a valid health care proxy from you; (ii) your guardian or medication monitor if one has been appointed by a court; or (iii) if applicable, the state agency responsible for consenting to your care.

Furthermore, if you or another person on your behalf pays out of pocket for a health care item or service in full, you have the right to request, in writing, a restriction on the PHI we disclose to a health plan regarding that item or service. So long as you have paid for the item or service out of pocket in full, and the disclosure is not required by law, we will comply with such request as it pertains to payment or health care operations purposes.

- E. Right to request confidential communications.** You may request that we communicate with you about health 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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.
- F. Right to receive notification of a breach.** We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. In the event of a breach of unsecured PHI, we will notify affected individuals (including you, if applicable) of such breach.

All requests pursuant to this Notice relating to your PHI must be in writing and must specify, to the extent possible, the dates of service and/or range of dates of service to which your request pertains. Requests should be directed either to the Privacy Officer (listed below), or to your direct care provider.

Changes to This Notice: PPA follows the terms of this Notice as are currently in effect.

However, we reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. A copy of a revised Notice will be available upon request. The Notice will contain the effective date.

To Report a Complaint: If you believe that your privacy rights have been violated, you may contact the Privacy Officer listed below. All complaints must be submitted in writing. If you have any questions about this Notice or a complaint about our privacy practices, please contact the Privacy Officer.

Privacy Officer
Plymouth Pediatric Associates, LLC
139 Sandwich Street
Plymouth, MA 02360
(508)746-5900

You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights, at (617) 565-1340.

You will not be penalized for filing a complaint.

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PLYMOUTH PEDIATRIC ASSOCIATES, LLC.

Please list other family members, relative, close personal friend, or any other person you identify with respect to your care, general condition or payment matters related to your care we may disclose your private health information to:

(please print legibly)

_____ **Relationship** _____

_____ **Relationship** _____

_____ **Relationship** _____

_____ **Relationship** _____

Signatures:

I have received a copy of Plymouth Pediatric Associates, LLC's Notice of Privacy Practices.

Patient's name: (please print legibly) _____

Patient's DOB _____

Signature: _____

Date of signature: _____

When patient is a minor, or not competent to give consent, the signature of a parent, guardian, health care agent (proxy) or other representative is required:

Name of legal representative: (please print legibly)

Signature: _____

Date: _____

Relationship of representative to patient: _____