



# Wheaton Pediatrics, Ltd

## **Notice of Privacy Practices** **For** **Wheaton Pediatrics, Ltd.**

Please review this document carefully and retain it for future review. This Notice describes how your medical information may be used and disclosed by Wheaton Pediatrics, Ltd. (WPL). It further details how you or your personal representative may gain access to this information.

The Health Insurance and Portability and Accountability Act (HIPAA) of 1996 require all health care providers to provide all of their patients a Notice of Privacy Practices (Notice). WPL uses your Protected Health Information to carry out treatment, obtaining payment for treatment and conducting health care operations and other purposes permitted or required by law. This Notice describes how WPL may use and disclose this Protected Health Information, your rights to access this information and to control its use and disclosure.

Protected Health Information includes any written or oral health information, including demographic data which may be used to identify you. This information is created or received by your health care provider and it relates to your past, present or future physical or mental health condition.

For the purposes described in this Notice, disclosures of your Protected Health Information may be made by electronic, facsimile, verbal, written or any other means permitted by the HIPAA Privacy Regulations or State law. The quantity of information used or disclosed will be limited to the minimum required for each use or disclosure.

### I. Uses and Disclosures of Protected Health Information

#### A. Treatment

WPL will use and disclose your Protected Health Information to provide, manage or coordinate your health care and any related services. This may include phone, fax, or email (text and photos) with other physicians who may be treating you or consulting with your other physicians. Other examples may include a pharmacy for prescriptions, a laboratory or radiology provider for testing, Physical Therapists for complimentary treatment or a home care agency or hospice for in home care.

#### B. Payment

WPL will use your Protected Health Information to obtain payment for the services we provide. Examples include disclosure of Protected Health Information to your insurer to determine eligibility for benefits, coverage of services or approval prior to a procedure. Protected Health Information may be disclosed for the purpose of determination of medical necessity and utilizations and review of the services provided as required by your insurer.

#### C. Operations

WPL may use or disclose your Protected Health Information to improve the practice and provide the highest level of quality care to our patients. Examples include supervised training for employees and other individuals, continuous quality improvement activities, employee reviews, compliance reviews as required by governmental agencies, accreditation, certification and credentialing activities and management and administrative activities to maintain the business. A health plan or insurer may require WPL to disclose Private Health Information for their health care operations.

#### D. Other Uses and Disclosures

To ensure the optimal operation of the practice WPL may disclose Private Health Information to remind you of an appointment or schedule one with another health care provider, inform you of alternative services and treatment options that may be of interest or benefits to you.

### II. Uses and Disclosure Beyond Treatment, Payment and Health Care Operation Permitted Without Authorization or Opportunity to Object

- A. Legal  
WPL will comply with all Local, State and Federal laws.
- B. Risks to Public Health  
WPL may disclose your Protected Health Information as it benefits the public welfare. Examples include reporting injuries or disability and diseases as permitted by law; to assist in public health surveillance, investigations or interventions as required by law; report drug and medical device information as required by the FDA, communicable disease exposure notification as authorized by law; report to an employer information about an employee that is legally permitted or required.
- C. Child Abuse  
As required by law.
- E. Elder Abuse  
As required by law.
- F. Domestic Violence  
As authorized by law or when the patient agrees to the disclosure.
- G. Health Care Oversight  
Your PHI may be disclosed to a health oversight agency for audits; administrative, civil or criminal investigation; inspections; licensure or disciplinary actions and any other health care oversight necessary by law.
- H. Judicial and Administrative Proceedings  
As required by law and court orders.
- I. Law Enforcement  
As required by law and court orders. We will aid the law enforcement agencies to identify or locate a suspect, fugitive, material witness or missing person. We will notify them if you are a crime victim; including a homicide victim.
- J. Coroners, Funeral Directors & Organ Donation  
PHI may be disclosed to a coroner or medical examiner for identification purposes and other duties as authorized by the law. Funeral directors will be treated in a similar manner as authorized by law, to permit them to perform their duties, even prior to death if it is anticipated. PHI will be disclosed for cadaveric tissue.
- K. Research  
As approved by an institutional or privacy review board.
- L. To Protect Your Health From a Serious Threat  
We will act in good faith consistent with the law and ethical standards of conduct to prevent or lessen a serious threat to you and the public.
- M. Specific Government Functions  
We will cooperate with the government to facilitate specific functions as they may pertain to the military and veteran's activities, national security and intelligence activities, secret service activities and other federal agencies with proper authorization.
- N. Worker's Compensation  
As required by law.

### III. Uses and Disclosures Permitted Without Authorization But With the Opportunity to Object

PHI may be disclosed to a family member or close friend as long as it is relevant to the individual's involvement in your care. You may object to this disclosure. If you do not we will use our best professional judgement to disclose PHI only when we believe it services your best interest.

### IV. Uses and Disclosures Which You Authorize

PHI will not be disclosed without your authorization except as noted above.

V. Your Rights

- A. You may inspect and copy your protected health information. You must submit a written notice to the privacy officer. We may charge a fee to cover the costs of copying, mailing and handling. A request will be denied if in our professional judgment it will endanger your life or another's safety. You may appeal this decision. Federal law does not allow you access to psychotherapy notes; information compiled for an administrative, civil or criminal action.
- B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to disclose certain parts of your PHI for the purpose of treatment, payment or health care operations or to certain family members. This request must state the specific restriction requested and to whom it applies. We are not bound to honor this request. If we agree to a request we may terminate it if in our professional judgment it is in your best interests.
- C. The right to request to receive confidential communications from us by alternative means or at an alternative location. We will attempt to accommodate reasonable requests. You will be responsible for an additional expense to WPL.
- D. The right to have your physicians amend your protected health information. You may request an amendment to your PHI as long as we maintain it. In your written request you must provide a reason to support the amendments. If we deny your request you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement you will be provided a copy of it.
- E. The right to receive an accounting. You may request an accounting of certain disclosures of your PHI made by WPL. This does not apply to disclosures for treatment, payment or health care operations; nor for disclosures you have requested or authorized; to friends or family members involved in your care; or certain other disclosures we are permitted without your authorization. We are not required to comply with requests for dates prior to April 14, 2003 or for periods in excess of 6 years. Request must specify a specific time frame. We will be responsible for all copying, mailing and handling fees.
- F. The right to obtain a paper copy of this notice. Upon request we will provide a separate copy of this notice. Multiple requests will not be honored unless a valid written explanation is provided.
- G. All requests are to be in writing to the privacy officer(s) listed below.

VI. Our Duty

Federal law requires WPL to maintain the privacy of your PHI and to provide you this Notice of our duties and our privacy practice. We will abide by these terms. We reserve the right to amend this Notice from time to time as the practice of medicine and technology evolves. Revisions will be provided at the time of next service or through the mail.

VII. Complaints

You have the right to express your complaints to the privacy officer(s) of WPL or to the Secretary of Health and Human Services if you feel that your privacy rights have been violated. You will not be retaliated against.

VIII. Contact Person

The contact persons for WPL are its privacy officers. Please mail your complaint to:

Lynn Rozema, Office Manager  
c/o Wheaton Pediatrics, Ltd.  
55 E. Loop Road, Suite 301  
Wheaton, IL 60189  
(630) 690-7300

IX. Effective Date

As per Federal regulations this notice becomes effective April 14, 2003.