

Healthy Steps Pediatrics LLC
ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below. I acknowledge that I have received this Notice of Privacy Practices with an effective date of February 16, 2015.

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Signature of Parent/Guardian (specify which)

Date _____

Healthy Steps Pediatrics LLC
NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION.
I. Our Commitment To You

Healthy Steps Pediatrics is committed to maintaining the privacy of your health information. During your treatment with us, providers, nurses, and other personnel may collect information about your health history and your current health status. This notice explains how that information, called "Protected Health Information (PHI)" may be used and disclosed to others. The terms of the Notice apply to all health information produced or obtained by Healthy Steps Pediatrics, LLC.

II. Our Legal Duties

The U. S. HIPAA Privacy Rule requires us to provide the Notice to you regarding our privacy practices, our legal duties to protect your private information, and your rights in regards to health information, and your rights in regards to health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your PHI. Other companies or persons that perform services on our behalf (our Business Associates) must also protect the privacy of your information. Business Associates are not allowed to release your health information to anyone unless specifically permitted by law. There may be other state and federal laws that we will follow that provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

III. Your Health Information May Be Used and Disclosed

Healthy Steps Pediatrics is permitted by the HIPAA Privacy Rule to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations.

- **Treatment:** We will use and may share PHI about you for your health care and treatments. For example, a provider will obtain treatment information and record it in your medical record. Additionally, the provider may use the information for a consultation with or a referral to another provider to diagnose your illness and determine which treatment options, such as surgery or medication, will best address your health needs.
- **Payment:** We will use and disclose PHI to obtain payment for the care and services provided to you by Healthy Steps Pediatrics. We may also contact your health insurance to obtain prior approvals for potential treatment.
- **Appointment Reminders:** We may use your PHI to contact you by phone, text, mail, or email to confirm or alter an appointment or to let you know you are overdue for a check-up.
- **Health-Related Benefits, Services and Treatment Alternatives:** We may contact you by phone, text, mail, or email with newsletters, announcements, service offerings, or about new or alternative treatments or other health care services.
- **As Required by Law:** We must disclose PHI without authorization if federal, state, or local law requires.
- **Serious Threat to Health or Safety:** We will use and disclose your PHI when necessary to avert a serious threat to your health and safety, or the health and safety of others. We will only disclose your PHI to persons reasonable to help prevent the threat and is specifically required by law; including the limited circumstances in which Healthy Steps Pediatrics health care professionals have a "duty to warn."

IV. Special Situations In Which Your PHI May Be Released

Your PHI may be released in the following special situations:

- **Required by HIPAA Law:** The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your health information is requested, we must share your PHI with HHS.
- **Public Health Risks:** As authorized by law, we may disclose PHI to public health or legal authorities whose official responsibilities generally include:
 - To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report child abuse, neglect or domestic violence;
 - To report adverse reactions to medications or problems with products;
 - To notify people of recalled products; and
 - To notify a person who may have been exposed to disease or may be at risk for contracting a disease.
- **Organ and Tissue Donation:** Consistent with applicable law, we may release PHI to organ procurement organizations or others engaged in the transportation of organs to enable a possible transplant.

- **Specialized Government Functions:** If you are a member of the military or a veteran, we will disclose PHI as required by command authorities; or if you give written permission. We may also discuss PHI for specialized government functions, such as national security or intelligence activities.
- **Employers:** We may release PHI to your employer if we provide treatment at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will provide you with written notice of such PHI disclosure.
- **Health Oversight Activities:** We must disclose PHI to a health oversight agency for activities required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits. These activities are necessary to enable government agencies to monitor various health care systems, government programs, and industry compliance with civil rights laws. Most states require that identifying information about you, such as your social security number, be removed from information releases for health oversight purposes, unless you have provided written permission for the disclosure.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner or medical examiner in the case of certain types of death. It may be necessary to make a positive identification or to identify the cause of death. We may release the fact of death and certain demographic information to funeral directors as needed to carry out their duties. Other releases of PHI will require written permission of an authorized representative.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose PHI in response to a court order or subpoena or other lawful process.
- **Law Enforcement:** We will disclose PHI to law enforcement officials if required or allowed by law. We may also disclose information about you that is not part of your health record for the following reasons:
 - o To identify or locate a suspect, fugitive, material witness, victim of a crime, or a missing person;
 - o To report a suspicious death that may be the result of criminal conduct; and
 - o To report criminal conduct at our location of business.

V. Situations In Which Your PHI May Be Disclosed With Your Written Consent

For any purpose other than the ones described above, we may only use or share your PHI when you give us written authorization to do so. You may revoke a written authorization at any time.

- o **Highly Confidential Information:** Federal and state law requires a special privacy protection for certain "Highly Confidential Information" about you and any part of your PHI that is about: 1) child abuse and neglect; 2) domestic abuse of an adult with a disability; 3) mental illness or developmental disability treatment or services; 4) alcohol and drug dependency diagnosis, treatment, and referral; 5) HIV/AIDS testing, diagnosis, or treatment; 6) sexually transmitted disease; 7) sexual assault; 8) genetic testing; 9) In Vitro Fertilization (IVF); or 10) maintained in psychotherapy notes. Before releasing Highly Confidential Information for a purpose other than those permitted by law, we will obtain your written permission.

VI. Your Rights Regarding PHI We Maintain About You

- o **Right to Inspect and Copy:** You have the right to inspect and/or to receive a copy of your PHI. To do so, you must request in writing to Healthy Steps Pediatrics, LLC, Attn: Medical Records, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. A fee may be charged for copying and postage not to exceed the amount allowed by Georgia statute. Your request may be denied in certain limited circumstances as it may be harmful to your health or a threat to others. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Healthy Steps Pediatrics will review your request and the denial and we will comply with the outcome of the review.
- o **Right to Request Amendment:** If you believe that any of your PHI is incorrect or incomplete, you have the right to ask us to change it. You have the right to request an amendment for as long as the information is kept by or for Healthy Steps Pediatrics. To request an amendment, your request must be in writing, signed, and submitted to Healthy Steps Pediatrics, Attn: HIPAA Privacy Officer, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. In addition, a reason for your request must be provided. We are not obligated to make all requested amendments. We may deny your request if 1) the information was not created by Healthy Steps Pediatrics; 2) is accurate or correct; and 3) is not part of the PHI kept by us. If your request is denied, you will be informed in writing and will have the opportunity to submit a statement of disagreement to be maintained in your records.
- o **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your PHI. To request restrictions, you must make your request in writing to Healthy Steps Pediatrics, Attn: HIPAA Privacy Officer, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. In your signed request, you must tell us 1) what information you want limited; 2) whether you want to limit our use, disclosure, or

- both; and 3) to whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse. We are not required to agree to your request, but we will attempt to accommodate reasonable requests. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you in writing. You also have the right to terminate, in writing or orally, any agreed-to restriction.
- o **Right to an Accounting of Disclosures:** you have the right to receive an accounting of disclosures made by us of your PHI, as required by law. This accounting will include any disclosures for treatment, payment, or health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures to law enforcement with custody of you; and certain other disclosures. Your accounting request must be in writing and signed by you or your personal representative, and submitted to Healthy Steps Pediatrics, Attn: HIPAA Privacy Officer, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. The request must state a time-period and may not go back further than six years from the date of request, and it may not go back further than April 14, 2003. You may receive one free accounting in any 12-month period. We will charge for additional requests.
- o **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health issues by alternative means or at an alternative location. For example, you may request that messages may not be left on your voice mail or that you receive written communication at an alternate address. A request for confidential communications must be submitted in writing and signed, and submitted to Healthy Steps Pediatrics, Attn: HIPAA Privacy Officer, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. Your request must specify how and where you would like to be contacted and we may require information about how to obtain confidential payments will be made. We are required to accommodate all reasonable requests.
- o **Right to Receive a Copy of the Notice:** You have the right to receive a paper copy of this Notice at any time. This Notice is available at our reception desk.
- o **Right to Cancel Authorization to Use or Disclose:** Other uses and disclosures of your PHI not covered by this Notice or the laws that govern us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your PHI for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care we provided to you.
- o **For further information:** If you have further questions, or would like additional information, please contact Stephanie Jones, Healthy Steps Medical Records Custodian at 678-384-3480.
- o **To File a Complaint:** If you feel your privacy rights have been violated, you may file a written complaint with Healthy Steps Pediatrics, Attn: HIPAA Privacy Officer, 3911 Mary Eliza Trace, Suite 200, Marietta, GA 30064. You may also file a written complaint with the Secretary of the US Department of Health and Human Services in Washington, DC, within 180 days of the violation of your rights. There will be no retaliation for filing a complaint. We cannot, and will not, require you to waive your right to file a complaint as a condition of receiving treatment from us.

Changes to this Notice: Healthy Steps Pediatrics reserves the right to amend, change, or eliminate the terms of this Notice at any time. If we change this Notice, we may make the new Notice's terms effective for all PHI that we maintain, including any information created or received prior to issuing the new copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our reception desk and picking up a copy.

Effective Date: This Notice is effective as of February 16, 2015.