

NOTICE OF PRIVACY PRACTICES POLICY

This notice describes how medical information about you/your child may be used/disclosed, and how you may access this information. Please review this notice carefully.

Pediatric Care Specialists / Behavioral Health Services is permitted to use our patient's health information for treatment, payment, and health care operations without an authorization. The following is an example of how we use your information in our office:

For treatment, we consult with another health care facility to further treat you (your child).

For payment, we send your child's diagnoses code(s) to the insurance companies for reimbursement.

For health care operations, we use patient health information for quality assessments, reviewing the competence of our health care providers, for medical review, and for audit purposes.

Our office uses your (your child's) patient health information for diagnoses, treatment, billing purposes, collections, consultations with other health care facilities to coordinate continuing care, auditing purposes, schools, psychotherapy, immunization purposes, and referrals.

We must obtain a written/signed consent from the biological parent/legal guardian/or child of legal age for release of any information outside of treatment, payment, or health care operations.

Our office is not permitted to release any records containing sensitive information which includes:

- Psychotherapy
- AIDS
- HIV
- child abuse
- drug/alcohol abuse
- gun shot incidents

This information may only be released from our office with a full signature authorizing Pediatric Care Specialists / Behavioral Health Services to release and to whom it may be released to.

If you so choose, you may revoke this authorization in writing at any time.

This practice may contact the individual to provide appointment reminders or information about treatment alternatives/health-related benefits and services that may be of interest to the individual.

Section 164.522 provides the right of the individual to request restriction of usages and disclosures. Our practice permits an individual to restrict uses and disclosures of confidential information about the patient to carry out treatment, payment, or health care operations and to family members. Our practice is not required to agree to these restrictions and may decide not to treat the individual if we believe medical treatment is compromised.

The patient has the right to receive confidential communications. Section 164.522 (b) requires a practice to permit individuals to request and accommodate reasonable requests by individuals to receive communications of confidential information from the health care provider by alternative means or at alternative locations. A practice may require the individual to make the request in writing; may condition the provision of a reasonable accommodation on, when appropriate, information as to how payment, if any, will be handled and specification of an alternative address or other method of contact; and may not require an explanation from the individual as to the basis for the request.

The patient has the right to inspect and copy (for a fee) confidential information. Section 164.524 provides a right for individuals to access and inspect their confidential health information, except for psychotherapy notes; information compiled in reasonable anticipation of legal action or proceeding; and confidential information related to certain laboratory tests under LIA. In addition, our practice may deny an individual access, provided that the individual is given a right to have such denials reviewed, in the following circumstances:

- Our health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
- The information makes reference to another person (unless such other person is a health care provider) and the health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
- The request for access is made by the individual's personal representative (legal) and our health care provider has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Our patient has the right to amend confidential information in writing to our office. Section 164.526 provides a right for individuals to amend confidential information held by a practice. Our practice may deny an individual's request for amendment, if we determine that the information that is the subject of the request was not created by our office, the covered entity; is not part of the confidential record; would not be available for inspection under 164.524 or is accurate and complete.

Our patient has the right to receive an accounting of disclosures of confidential information. Section 164.528 provides a right for individuals to receive an accounting of

disclosures of confidential information. Disclosure information must be made available for a 6 year period-beginning with the date our practice comes into compliance with this rule (no later than April 14, 2003). A record of disclosures does not have to be made when those disclosures are:

- To carry out treatment, payment, or health care operations
- To individuals of confidential information about them
- For the practice's directory or to persons involved in the individual's care
- To correctional facilities or law enforcement officials

Our patient has the right of an individual, including an individual who has agreed to receive the notice electronically, to obtain a paper copy of the notice from our practice upon request.

We are required by law to maintain the privacy of confidential information and provide individuals with notice of its legal duties and privacy practices with respect to such information.

We are required to abide by the terms of the notice currently in effect; and we reserve the right to change the terms of the notice and to make the new notice provisions effective for all confidential information that it maintains.

If you feel any anytime you would like to file a complaint with our office, indicate to our office in writing your complaint and request this complaint go to the Privacy Officer or Office Manager. At NO time will we retaliate towards you for filing this complaint with our office.

You may contact our Privacy Officer at anytime to either speak or leave a message by calling (814) 266-8840 ext 229. You may also stop in/or send the complaint to:

Pediatric Care Specialists
Behavioral Health Services
1322 Eisenhower Blvd
Johnstown, PA 15904

This notice will go into effect December 1, 2002. We will also provide each of our patient's with a copy of the notice along with a paper on which you will sign to prove you have received this notice from our practice.

According to Pennsylvania law our office is obligated to release the patient's health information to either parent, even if the one parent does not have legal custody of the child (unless legally revoked by the courts, of which Pediatric Care Specialists / Behavioral Health Services will not be held responsible for information not provided to our office).

Our patients have the right to waiver their rights if so chosen. According to section 164.530 (h) it states that our practice may not require individuals to waive their rights under the rule as a condition of the provision of treatment.

If you require a copy of Pediatric Care Specialists / Behavioral Health Services HIPAA policies at any time, please feel free to contact the Privacy Officer.