



Indianapolis Independent Pediatricians, PC
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer by telephone at 293-7177 or by written communication. We refer to “your child” in this notice, but please understand this notice also pertains to anyone over 18 years old for whom we provide medical care and to any child who is under your legal guardianship.

The Notice of Privacy Practices describes how we may use and disclose your child’s protected health information to carry out treatment, payment, health care operations, or other purposes required or permitted by law. You have the right to access and control your child’s protected health information. “Protected health information” is any identifying information about your child including name, age, gender, demographics, and his or her past, present, or future physical or mental health condition.

We will abide by the terms in this Notice of Privacy Practices. Upon your request, a copy of this document will be provided for you at any time.

I. Uses and Disclosures of Protected Health Information (PHI)

TREATMENT

We will use and disclose your child’s protected health information in order to provide, coordinate, and manage your child’s health care. We will share information with any third party that will be providing care to your child, such as a specialist to whom your child has been referred, or any third party that already has your permission to have access to your child’s information. We may also disclose your child’s information to another physician or health care provider, who at the request of your physician, becomes involved in your child’s care such as a consulting specialist, a radiology facility, or laboratory facility. We will also disclose information at your request on physical, school, and daycare forms. We will disclose the necessary information to pharmacies in order to prescribe appropriate medication and to hospital staff in times of hospitalization or procedures to ensure quality patient care. We will also disclose any relevant information when checking on your child’s immunization status if vaccinations were received at the health department.

PAYMENT

Your child’s protected health information will be used as needed to obtain payment for health care services. This may include certain activities that your health insurance plan undertakes before it will approve health care services that we recommend for your child. Examples are determining eligibility for insurance benefits, reviewing the medical

necessity of services provided to your child, and performing utilization review. For example, we may be required to disclose protected health information to your insurance company before they will approve a hospital admission.

HEALTHCARE OPERATIONS

We may use or disclose your child’s protected health information to support the business activities of our practice. Examples of these activities include quality assessment procedures, employee review and training exercises, training of medical students, licensing, and day to day operations of the practice. We will use a sign-in sheet at the registration desk and call your child by name in the waiting room. We will use your child’s name when we call to remind you or schedule an appointment or when checking on him or her after an illness or procedure. We may need to share your child’s information with third party business associates that enable the practice operations to flow smoothly, such as computer software consultants.

OTHER USES REQUIRE WRITTEN AUTHORIZATION

With the exception of treatment, payment or health care operations, any other use or disclosure of your child’s protected health information will only occur with your written authorization which you may revoke, unless permitted or required by law.

PERMITTED AND REQUIRED USES/DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT

We may use or disclose protected health information to a family member, relative, or close friend that you identify as being directly involved in your child’s care. If you are unable to agree or object to a certain disclosure, we may disclose information based on your child’s best interest based on our physician’s professional judgment. This includes situations in which there is a communication barrier such as non-English speaking or hearing impaired families.

We may use or disclose information to an authorized public or private entity to assist in disaster relief efforts and to coordinate care to other individuals. In an emergency situation, we will disclose pertinent information to ensure necessary treatment for your child. We will try to obtain consent as soon as practically possible after the delivery of treatment. If another physician performs emergency services and is unable to attempt consent, he or she may disclose your child’s protected health information to continue treatment of your child.

PERMITTED AND REQUIRED USES/DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT

In the following situations, we may use or disclose your child’s protected health information without your consent or authorization:

- 1- if required by law
- 2- to public health authorities permitted or required to collect data to control disease
- 3- to an individual who may have been exposed to a communicable disease and is at risk of contracting or spreading the disease
- 4- to a health oversight agency as authorized by law for audits, investigation, or inspections
- 5- to public health authorities if there is suspicion of child abuse or neglect or domestic violence

- 6- to the Food and Drug Administration if required to report adverse events, product defects or recalls, to track products, make product replacements, or conduct post marketing surveillance
- 7- in response to a court order, subpoena, or discovery request in legal proceedings
- 8- for law enforcement purposes such as pertaining to criminal investigations
- 9- to coroners, medical examiners, or funeral directors and/or for organ donation if requested by you

Beachway Drive, #210, Indianapolis, IN 46234 or by telephone at (317) 293-7177.

This notice becomes effective on April 14, 2003.

II. You and Your Child's Rights

- 1- Right to inspect and copy your child's protected health information
You may inspect and obtain a copy of the "designated record set" which includes medical and billing records of your child. You may obtain any information except psychotherapy notes, information compiled for use in a civil or criminal proceeding, or any other information protected by the law. In accordance with Indiana State Law, we will require a fee for the copying of any records.
- 2- Right to request a restriction of your child's protected health information
You may request in writing that we not use or disclose any part of your child's protected health information. You must state the specific restriction and to whom you want the restriction to apply including any family members. Your child's physician is not required to agree to the restriction especially if she does not think it is in the child's best interest. If your child's physician does agree to the restriction, the information will only be disclosed in times of emergency treatment.
- 3- Right to have your child's physician amend your child's protected health information
You may request an amendment of information in your child's designated record. We have the right to deny this request. If we deny the request, you may file a statement of disagreement with us. In turn, we may prepare a rebuttal statement for the denial and we will provide you with a copy. Please contact our Privacy Manager with any questions on amending the medical record.
- 4- Right to receive an accounting of certain disclosures we have made of your child's protected health information
You may request in writing a list of the disclosures that have been made for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. You have the right to receive this information about disclosures that occurred after April 14, 2003. The right to receive information is subject to certain restrictions, exceptions, and limitations.
- 5- Right to obtain a paper copy of this notice.

III. Complaints

You may complain to our Privacy Manager or the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by our practice. Please contact our Privacy Manager by written communication at 777