

**MIDCOAST PEDIATRICS, PA
121 MEDICAL CENTER DRIVE, SUITE 2600
BRUNSWICK, MAINE 04011
207-721-8333**

Notice of Privacy Practices

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

1. Introduction

This Notice describes how Midcoast Pediatrics may use and disclose your child's protected health information ("PHI") to provide treatment to your child; to seek payment for the medical services your child receives; and to support the legitimate health care operations of our practice.

"PHI" includes your child's demographic information such as name, address, telephone number, and family; past, present, or future information about your child's physical or mental health or condition; and information about the medical services provided to your child, including payment information, if any of that information may be used to identify your child.

The Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your child's PHI.

This Notice is effective March 2004. We may amend this Notice of Privacy Practices periodically and you may obtain a current copy of the Notice by contacting the office staff at any time.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice, the consent you have signed, and any authorizations you may sign are required by state and federal law for your child's protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Midcoast Pediatrics.

If you have any questions about Midcoast Pediatrics Notice of Privacy Practices, please contact our Office Manager at 207-721-8333.

2. Safeguarding PHI Within the Office

We have in place appropriate administrative, technical, and physical safeguards to protect the privacy of your child's PHI. Our staff has been trained on the obligation to protect the privacy of your child's PHI. Only staff members who have a "need to know" are permitted access to your child's medical records and other PHI. Our staff understands the legal and ethical obligation to protect your child's PHI and that a violation of this Notice of Privacy Practices will result in discipline in accordance with our personnel policy.

3. Uses and Disclosures of PHI Based Upon Your Written Consent:

You signed our “Consent to Use and Disclosure of Protected Health Information” when you joined our practice. Based upon this consent, our practice will use and disclose your child’s PHI for the following types of activities.

Treatment: We use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your* injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

Payment: Payment means our activities to obtain reimbursement for the medical services provided to your child, including billing, claims management, and collection activities. Payment also may include your insurance carrier’s work in determining eligibility, claims processing, assessing medical necessity, and utilization review.

Health Care Operations: We may use and disclose your PHI for our health care operations, which include internal administration and planning, and various activities that improve the quality and cost effectiveness of the care that we deliver to you. These activities include, for example, use of your PHI to evaluate the quality and competence of our physicians and other health care workers, fraud and abuse compliance, health education, business planning and development and general administrative activities. For example, we may call you or your child by name in the waiting room or when we are ready to serve you, and we may mail you a reminder of your appointment or leave a reminder on your answering machine or voicemail. Also, we might send you information about our practice or a mailing about health education activities.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you or your child, or receive payment for services they render to you or your child.

Disclosure to Relatives, Close Friends, and Other Caregivers: You have consented to disclosure of PHI that, in Midcoast Pediatrics judgment, is in your child’s best interest to disclose to your family members and close friends identified by you who are involved in your child’s health care.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization:

From time to time, you may request that Midcoast Pediatrics disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. These situations may include disclosures of sensitive PHI, such as HIV status or information about sexually transmitted diseases, mental health or psychiatric treatment, or substance abuse services. Also, you may authorize disclosures to individuals who are not involved in treatment, payment, or health care operations, such as attorneys if you are involved in litigation either on your own or another’s behalf. If you wish us to make disclosures in these situations, we will ask you to sign our “Authorization to Use and Disclose Protected Health Information.”

5. Uses and Disclosures of PHI that are Permitted or Required by Law:

In some circumstances, we may use or disclose your child’s PHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization because it is in the best interest of our society at large that the use or disclosure of PHI be made in these situations.

Emergencies: If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your child’s best interest. We will attempt to obtain your consent as soon as practical following your child’s treatment.

Communication Barriers: If we try but cannot obtain your consent to use or disclose your child’s PHI because of substantial communication barriers and your physician, using his or her professional judgment, infers that you consent to the use or disclosure, Midcoast Pediatrics will make the use or disclosure.

Required by Law: We may disclose PHI to the extent required by law, and in a manner limited to the specific requirements of the law.

Public Health Activities: We may disclose your child’s PHI to an authorized public health authority to prevent or control disease, injury, or disability, to report child/domestic abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports, to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, or to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose your child’s PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and the government benefit programs such as Medicaid.

Judicial and Administrative Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order expressly directing disclosure and within certain limits in response to a subpoena, discovery request, or other lawful process.

Law Enforcement Activities: We may disclose your child’s PHI to a law enforcement officer, or other law enforcement officials as required by law or in compliance with a court order or grand jury or administrative subpoena.

Coroner, Medical Examiners, and Funeral Directors: We may disclose your child’s PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your child’s PHI to enable a funeral director to carry out his or her lawful duties.

Research: We may disclose your child’s PHI for certain medical or scientific research where the researchers have a protocol to ensure the privacy of your child’s PHI.

Serious Threats to Health or Safety: We may disclose your child’s PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Armed Forces Personnel and National Security: We may disclose the PHI of members of the armed forces for the activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your child’s PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.

Workers’ Compensation: We may disclose your child’s PHI as authorized by and to the extent necessary to comply with the Maine Workers’ Compensation Act or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

You and DHHS: We must disclose your child’s PHI to you upon request and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine Midcoast Pediatrics compliance with the privacy laws.

6. Your Rights Regarding PHI:

Right to request restriction of uses and disclosures. You have the right to request that we not use or disclose any part of your child’s PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI.

Right of access to PHI: You have the right to inspect and obtain a copy of your child’s PHI in a “designated record set” (your child’s medical and billing records) as long as we maintain the PHI in such format. If you are a parent or legal guardian of a minor, certain portions of the minor’s medical record will not be accessible to you (for example, records relating to abortion, contraception, and/or family planning services). In addition, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of your child or others. To request access to your child’s PHI; please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. We have the right to charge a reasonable fee for providing copies of your child’s PHI.

Right to confidential communications: You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our Privacy Contact. We will not require an explanation of your reasons for the request, but we will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our medical services will be handled.

Right to amend PHI: You have the right to request that we amend the PHI in your child's medical record file or billing records. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your child's medical records and may be included in subsequent disclosures of your child's PHI.

Right to accounting of disclosures: Subject to certain limitations, you have the right to a written accounting of disclosures by us of your child's PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to the disclosures other than those for treatment, payment, or health care operations; to your child; for a facility directory; to your family or close friends involved in your child's care; or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.

Right to a copy of our Notice of Privacy Practices: We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain an updated Notice from our Privacy Contact at any time.

7. Complaint Procedure:

Within the practice: If you have a complaint about the denial of any of the specific rights listed in Section 6 above, about our Notice of Privacy Practices, or about our compliance with state and federal privacy law, please make your complaint in writing to our Privacy Contact. We will respond to your complaint in writing within the timeframes listed in Section 6 above or in any case within 60 days of the date of your complaint.

Outside of the practice: If you believe that we are not complying with our legal obligations to protect the privacy of your child's PHI, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.

Office:

Midcoast Pediatrics
121 Medical Center Drive, Suite 2600
Brunswick, Maine 04011
Telephone: (207) 721-8333
Privacy Officer: Wendy Rawson, Office Manager

Midcoast Pediatrics

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ACKNOWLEDGEMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”

Please sign below and return this form to the receptionist so that we know you have received our Notice of Privacy Practices.

I acknowledge receipt of the Notice of Privacy Practices prepared by Midcoast Pediatrics. Also, I acknowledge that I have had an opportunity to ask questions about the practice’s Notice of Privacy Practices.

Name of Patient’s Legal Guardian (please print)

Signature

Date

[Type text]