



Children's International[®]

MEDICAL GROUP

NOTICE OF PRIVACY PRACTICES

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

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) federal privacy law requires Children's International Medical Group to provide this notice to you. As a parent/legal guardian of a patient at the doctor's office, you are the patient's "personal representative". Please read this notice with the understanding that we are discussing "you" to mean the pediatric patient.

At Children's International medical Group, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes how we may use and disclosed your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected Health Information" is information about you, including demographic information that may identify you and that related to your past, present or future physical or mental health or condition and related health care services.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Children's International Medical Group, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Children's International Medical Group because we created it, the information in the health record belongs to you.

You have a right to:

- Obtain a copy of this Notice of Privacy Practices upon request.
- Inspect and request a copy of your protected health information for a fee as provided for in 45 CFR 164.524
- Request amendment of your health record as provided for in 45 CFR 164.528
- Obtain a record of the sharing/disclosures of your health information (for reasons other than TPO) as provided in 45 CFR 164.528

- Request communication of your health information by alternative means or to alternative locations. We will honor reasonable requests when you provide the alternative address/contact information and information on how payment will be handled
- Revoke your authorization to use or share health information for other than TPO. This will not apply to any prior actions taken
- Request a restriction on certain uses and disclosures of your protected health information as provided by 45 CFR 164.522.
- We must provide an electronic copy of your health information (including diagnostic test results, problem list, medication lists, medication allergies, etc.) upon your request through our secure patient portal. A clinical summary may also be sent to you electronically through our patient portal after your visit within 3 business days or may be given to you the day of your encounter.

WRITTEN REQUEST ARE REQUIRED FOR ABOVE ITEMS AND A NOMINAL FEE (AS PROVIDED FOR BY LAW) WILL BE CHARGED FOR A COPY OF YOUR HEALTH RECORD. ASK FOR ADDITIONAL INFORMATION OR REQUEST APPROPRIATE FORMS AT THE RECEPTIONIST.

OUR RESPONSIBILITIES

Children’s International Medical Group is required to keep your personal health information safe. We must give you a copy of this notice of privacy practices, and we must follow the terms of the notice as well as notify you if we are unable to agree to a requested restriction.

WE WILL NOT DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE. WE WILL ALSO DISCONTINUE USING OR DISCLOSING YOUR HEALTH INFORMATION AFTER WE HAVE RECEIVED A WRITTEN REVOCATION OF THE AUTHORIZATION ACCORDING TO THE PROCEDURES INCLUDED IN THE AUTHORIZATION.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The following categories describe different ways in which we use your health information within the office and release your health information to persons outside of the office. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

We will use your health information for treatment.

- We may use or disclose your health information to provide you with medical treatment and healthcare services. Information obtained from doctors, nurses, technicians, medical students, interns, or others who are involved in taking care of you during your visit will be recorded in your record and used to determine the course of treatment that should work best for you. Additionally, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

We will use your health information for payment

- We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as you diagnosis, procedures, and supplies used. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan.

We will use your health information for regular health operations.

- These uses or disclosures are necessary to operate our healthcare facility and make sure all of our patients receive quality care. Some of these uses may include quality assurance activities; administrative activities, including office financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

Business Associates: There are some services provided in our organization through contracts with third parties who are business associates of the clinic. We may share your health information with our business associates so that they can perform the job we’ve asked them to do. We require our business associates to sign a contract that states they will

appropriately protect your information. Examples of business associates include but are not limited to medical record copy services and billing agencies.

Notification: We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Appointment Reminders: "Our staff will contact you at the phone numbers you provide, and if necessary, leave a message to remind you of your appointment. "

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. You must sign consent and authorization forms before your information is released.

Marketing: We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may not sell your PHI unless authorized by you.

Fundraising: We may contact you as part of fund-raising efforts. You may opt out of receiving any fundraising communications.

Coroners and Funeral Directors: We may disclose your PHI to funeral directors consistent with applicable law to carry out their duties. This may be necessary to identify a deceased person or determine the cause of death of a person.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Workers compensation: We may share health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Food and Drug Administration (FDA): We may disclose to the FDA, or person or company required by the FDA, health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Communicable Diseases: We may disclose your PHI, if authorized by law, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight: We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Correctional Institution: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

Law Enforcement: We may share your health information if asked to do so by law enforcement officials, so long as applicable legal requirements are met, in the following circumstances:

1. Legal processes when we receive a court order, subpoena, warrant, summons or similar process;
2. to identify or locate a suspect, fugitive, material witness or missing person;
3. pertaining to victims of a crime;
4. when we believe the patient's death may be the result of criminal conduct;
5. in the event that a crime occurs on the premises of the practice; and
6. in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. for activities deemed necessary by appropriate military command authorities;
2. for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or
3. to foreign military authority if you are a member of that foreign military service.
4. We may share your health information with authorized federal officials for conducting intelligence, counterintelligence and other national security activities authorized by law.

Required uses and disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a complaint (in person, in writing, or by phone) with the following personnel (there will be no retaliation for filing a complaint):

The practice's Privacy Officer contact information:

Compliance@cimgpeds.com
Children's International, LLC
59101 Amber St
Slidell, LA 70461

OR

The Office for Civil Rights:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201