

## NOTICE OF PRIVACY PRACTICES



**Rise & Shine Pediatrics, PA**  
908 Oak Tree Road, Suite C  
South Plainfield, NJ 07080  
908-205-0632

This notice describes how health information about you or your child as a patient of Rise & Shine Pediatrics, PA may be used and disclosed and how you can get access to this information. Please review it carefully.

### **A. Our commitment to your privacy:**

Rise & Shine Pediatrics is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

### **B. We may use and disclose your PHI without your authorization for the following purposes or situations:**

1. Disclosures made to you (unless required for access or accounting of disclosures);
2. Treatment, Payment and Health Care Operations:

**Treatment.** Treatment is the provision, coordination, or management of health care and related services by our healthcare providers, including consultation between providers regarding referrals. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**Healthcare operations.** Health care operations are any of the following activities: (a) quality assessment and improvement activities; (b) competency assurance activities, including provider performance evaluation, credentialing and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services; (d) business planning, development, management, and administration; (f) business management and general administrative activities of Rise & Shine Pediatrics, including but not limited to: de-identifying protected health information, and creating a limited data set.

3. Informal permission may be obtained by asking you outright, or by circumstances that clearly give you the opportunity to agree, acquiesce, or object.
4. The Privacy Rule does not require that every risk of an incidental use or disclosure of PHI be eliminated.
5. The Privacy Rule permits use and disclosure of PHI without your authorization or permission for 12 national priority purposes. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information. We may use and disclose your PHI without your permission in the following situations:

**Required by Law.** We may use and disclose your PHI when we are required to do so by federal, state or local law.

**Public Health Activities.** We may disclose your PHI to (a) public health authorities authorized by law to collect or receive such information for the preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (b) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (c) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (d) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with OSHA, or similar state law.

**Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, we may disclose your PHI to appropriate government authorities regarding victims of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

**Judicial and Administrative Proceedings.** We may disclose your PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process.

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**Law Enforcement Purposes.** We may disclose your PHI to law enforcement officials for law enforcement purposes under the following circumstances, (a) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (b) to identify or locate a suspect, fugitive material witness, or missing person; (c) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (d) to alert law enforcement of a person's death, if we suspects that criminal activity caused the death; (e) when we believe that protected health information is evidence of a crime that occurred on our premises; and (f) by our provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

**Decedents.** We may disclose PHI to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

**Cadaveric Organ, Eye, or Tissue Donation.** We may use or disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

**Research.** "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge. We may to use and disclose PHI for research purposes, without an individual's authorization, if specific conditions are met.

**Serious Threat to Health or Safety.** We may disclose PHI that we believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). We may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

**Essential Government Functions.** An authorization is not required to use or disclose PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

**C. Your rights regarding your PHI:** You have the following rights regarding the PHI that we maintain about you. In order to exercise your rights described in any of the following, you must submit a written request to our office. If you have questions about your rights, please contact **Kalpna Kumari, MD**, available by phone or email during normal business hours.

**1. Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.

**2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.

**3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, and the files of our business associates. We reserve the right to charge a fee for the cost of copying, mailing or other supplies associated with your request. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review decision.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. All requests for an "accounting of disclosures" must state a time period, which may not be before June 3, 2013. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services at the Office for Civil Rights, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. We cannot, and will not, make you waive your right to file a complaint as a condition of receiving care from us or penalize you for filing a complaint.

**7. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact **Kalpna Kumari, MD at (908) 205-0632**. You may also view the Privacy Rule at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).