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NOTICE OF PRIVACY PRACTICES POLICY

This notice describes how health information on patients of Pediatric Associates may be used and disclosed and how you can get access to your individually identifiable information. The privacy policy addresses access to health information and not treatment consent. Please review this notice carefully.

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 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 office in a visible location at all times. Upon written request we will provide you with a copy of our privacy policy.

- 1 Our practice is dedicated to maintaining the privacy of your individually identifiable information. In conducting our business, we maintain protocols to ensure the security and the confidentiality of your personal health information (PHI), including the means by which we may use and disclose your personal health information, your privacy rights to this information and our obligations concerning the use and disclosure of your personal health information.
- 2 We may use and disclose your individually identifiable health information in the following ways:
 - A) Treatment: Including but not limited to prescriptions, laboratory tests, referral authorizations, DME and others who may assist in your care.
 - B) Payment: In order to bill and collect payment for services provided to you.
 - C) Health Care Operations: To evaluate cost management and business planning activities.
 - D) Certain Special Circumstances, such as, but not limited to:
 - 1) Public Health Risks: Such as preventing and controlling disease and child abuse.
 - 2) Health Oversight Activities: Such as inspections and audits.
 - 3) Law Suits and Similar Proceedings
 - 4) Law Enforcement
 - E) Pennsylvania Immunization Reporting by Pennsylvania State Law

- F) Daily Office Operations:
- 1) Phone Contact: Calls will continue to be placed to the patient's home as well as other designated areas listed on our registration form. Messages will be left on voice mail, answering machines or in person regarding appointment reminders/cancellations, insurance/billing items, referral information, prescriptions, and laboratory/x-ray results among others.
 - 2) Mail: Mailing will continue to be sent to the patient's address or any other designated location listed on our registration form. (ie. Appointment postcard reminders/missed appointments, cancellation notices, billing statements, etc. Exception: Camp forms, health assessments, etc., to be sent to patients home address only!
 - 3) E-Mail: may be utilized to carry out TPO as listed above in the phone/mail system.
 - 4) Fax: Faxing PHI will be done on a limited basis i.e., medically necessary/urgent situations. Exceptions: Immunizations requested by school districts.
 - 5) Sign-In Sheet: We will continue to utilize a sign-in sheet for arrival notification.
 - 6) Patient Name: We will continue to address you child by their full name when calling them into the examination room.
 - 7) Photos: We will continue to display pictures sent to the office by the family.
3. Your rights regarding personal health information:
- A) You have the right to confidential communication of your personal health information. Our practice will accommodate reasonable requests made through the Communication Authorization form.
 - B) You have the right to request restrictions to the use and disclosure of your individually identifiable health information in so far as your request does not breach office policy and state or federal laws.
 - C) You have the right to inspect and retain a copy of your individually identifiable health information. Inspection of your chart will be with supervision and at no cost. A chronological printout summary of visits or diagnosis summary and an immunization record can be provided at a minimal cost. The State of Pennsylvania permits a medical facility to charge a reasonable fee for a copy of a complete chart.
 - D) You have the right to ask for an amendment to your health information if you believe it is incorrect or incomplete. The request must be made in writing and provide a reason that supports you request for the amendment.
 - E) You have the right to file a written complaint if you believe your privacy rights have been violated.
4. If you have questions about this notice, please contact Pediatric Associates at (570) 288-6543.
5. Protective health information and confidential information can be located in many places throughout our facility. We expect you (patient) to observe other patient's privacy. You are restricted from the physician's desk, nurse's lab/workstation and reception/triage office. You are not allowed to view schedules or charts located in hallways or any work area. Due to limited space for check-in and check-out processing, we request that you step away for the front desk while another patient is confirming information with the receptionist. Failure to comply with the above elements may result in the dismissal/termination of medical care from Pediatric Associates.
6. We reserve the right to revised or amend this Notice of Privacy Practices at any time.

