

FORT WAYNE PEDIATRICS, P.C.

**NOTICE OF PRIVACY PRACTICES
(Effective September 23, 2013)**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions or need any additional information about this Notice of Privacy Practices (Notice”), please contact Fort Wayne Pediatrics, P.C. Privacy Officer at (260) 490-8024.

A. Fort Wayne Pediatrics (FWP) DUTIES

Fort Wayne Pediatrics, P.C. (“FWP”) is required by the final Standards for Privacy of Individually Identifiable Health Information (the “Privacy Standards”) to maintain the privacy of your protected health information. In addition, FWP is required by law to provide you with adequate notice of FWP’s uses and disclosures of your protected health information, notice of your rights with respect to your protected health information, and notice of FWP’s legal duties with respect to your protected health information. This Notice is given to you to satisfy FWP’s legal obligations to provide adequate notice to you. FWP agrees to abide by the terms of its Notice then in effect.

FWP is required to give this Notice to you no later than its first delivery of services to you. If the first service delivery to you is delivered electronically, FWP will provide electronic notice of its privacy practices automatically and contemporaneously in response to your first request for service. In addition, FWP is required to make its Notice available to you at any time upon your request, and to post the Notice in a clear and conspicuous location in the waiting room of each of FWP’s offices. A copy of this Notice will be posted on FWP’s website.

For purposes of the Privacy Standards and this Notice, the term “protected health information” means “individually identifiable health information”. The term “individually identifiable health information” means health information (whether oral or recorded in any form or medium), including demographic information collected from you, that identifies you, or could reasonably be used to identify you and which: is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and, relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you.

B. HOW FWP MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

As a general rule, FWP may not use, disclose or request protected health information about you except as required or permitted by the Privacy Standards. Furthermore, except in limited circumstances, FWP must use, disclose or request only the minimum necessary protected health information to accomplish the purpose of the use, disclosure or request.

1. Required Disclosures. The following categories describe the instances in which FWP is required to disclose your protected health information:

- **To You.** FWP is required to disclose protected health information about you to you when requested by you in certain circumstances. Pursuant to the Privacy Standards, you have the right to request access to your protected health information for inspection and copying purposes and to request an accounting of disclosures. Each of those rights is discussed in more detail in the “Your Rights Regarding Protected Health Information About You” section of this Notice.
- **To the Secretary.** FWP is required to disclose protected health information to the Secretary of the Department of Health and Human Services when the information is required in order for the Secretary to investigate or determine whether FWP is in compliance with the Privacy Standards.

2. **Permitted Uses and Disclosures.** The following categories describe the instances in which FWP is permitted to use and disclose protected health information about you without obtaining your written authorization. For each category, FWP has attempted to explain what it means and has given examples. Not every use or disclosure in a category will be listed. However, all of the ways FWP may use and disclose information without authorization will fall within one of the following:
- **Treatment.** FWP may use your protected health information to provide you with medical treatment or services. FWP may disclose protected health information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, if you have a medical condition that might affect the provision of services to you, FWP may want to consult with another health care provider about that condition. In addition, during your course of treatment with FWP, you might develop another medical condition, like a heart murmur, for which another doctor will provide care to you. That doctor may need to know your medical history and other information about the services you received from FWP as those services might affect the treatment for your heart murmur. FWP may disclose information about you to the doctor treating you for your heart murmur.
 - **Payment.** FWP may use or disclose your protected health information for purposes of receiving payment for treatment and services you receive. For example, FWP may give your insurance company information about your treatment so the insurance company will pay FWP or reimburse you. FWP may also tell your insurance company about treatment you are going to receive to determine whether your insurance company will pay for it.
 - **Health Care Operations.** FWP may use and disclose protected health information about you for operational purposes. For example, your protected health information may be disclosed to FWP's health care professionals to evaluate the performance of the health care professionals, to assess the quality of care and outcomes in your cases and similar cases, to learn how to improve FWP's facilities and services, and, to determine how to continually improve the quality and effectiveness of the health care FWP provides.
 - **Incidental Uses and Disclosures.** FWP may use and disclose protected health information about you incident to a use or disclosure permitted or required by the Privacy Standards so long as FWP has complied with the minimum necessary and safeguards requirements imposed under the Privacy Standards. For example, FWP's nurses may discuss information about your care at the nursing station, and if someone overhears that discussion, the disclosure to that person will be permitted so long as the nurses discussed only the minimum necessary and FWP took appropriate steps to put safeguards in place.
 - **Appointment Reminders.** FWP may use and disclose protected health information about you to contact you as a reminder that you have an appointment for treatment or medical care or to remind you to schedule an appointment. The appointment reminder may be via phone (including a voice message), mail (including a reminder postcard), email or otherwise.
 - **Treatment Alternatives.** FWP may use and disclose your protected health information to tell you about or to recommend possible treatment options or alternatives that may be of interest to you so long as FWP is not receiving financial remuneration in exchange for making the communication.
 - **Health-Related Benefits and Services.** FWP may use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you so long as FWP is not receiving financial remuneration in exchange for making the communication..
 - **Fundraising Activities.** FWP may use protected health information about you to contact you in an effort to conduct fundraising activities. With each fundraising communication, FWP must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications.
 - **Business Associates.** FWP contracts with others outside of FWP's organization to perform or assist FWP in performing functions that involve the use and disclosure of protected health information. For example, FWP may contract with a billing company to do billing for FWP. The billing company will need protected

health information in order to perform its job. As such, FWP may disclose protected health information about you to business associates of FWP so that the business associates can perform the job FWP has asked them to do. In order to protect your protected health information, FWP will require all of its business associates to make assurances to FWP they will each appropriately safeguard your protected health information. Further, business associates will be required to report to FWP any breaches with respect to your information about which they know or in the exercise of reasonable diligence should know.

- **Individuals Involved in Your Care.** In certain circumstances, FWP may use or disclose protected health information about you to a family member, relative or close personal friend who is involved in your medical care. In addition, FWP may disclose protected health information about you to notify or assist in the notification of a family member, relative or close personal friend who is involved in your medical care of your condition, location and status.
- **Disaster Relief Efforts.** In certain circumstances, FWP may use or disclose protected health information about you to a public or private entity authorized by law to assist in disaster relief efforts for the purpose of coordinating with such entities.
- **Personal Representatives.** Except in limited circumstances, FWP must treat a personal representative of a decedent as the individual about who the protected health information relates. As such, FWP may disclose protected health information to your personal representative.
- **Adults and Emancipated Minors.** If a person has authority to act on behalf of an adult or an emancipated minor in making decisions related to health care, FWP must treat that person as a personal representative. As such, except in limited circumstances, FWP may disclose protected health information to your personal representative as if the disclosure was being made to you.
- **Unemancipated Minors.** If, under applicable law, a parent, guardian or other person acting in loco parentis has authority to obtain access to protected health information about an unemancipated minor, then FWP may disclose protected health information to the person acting in loco parentis as if the disclosure was being made to the unemancipated minor.
- **Required by Law.** FWP will disclose protected health information about you when it is required to do so by federal, state or local law, rule or regulation. For example, FWP may disclose information for the following purposes: for judicial and administrative proceedings pursuant to legal authority; to report information related to victims of abuse, neglect or domestic violence; and, to assist law enforcement officials in their law enforcement duties.
- **Public Health/Health Oversight.** FWP may use or disclose protected health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.
- **Deceased Individuals.** FWP may disclose protected health information to funeral directors, medical examiners and/or coroners to enable them to carry out their lawful duties.
- **Organ/Tissue Donation.** FWP may use or disclose protected health information about you for cadaveric organ, eye or tissue donation purposes.
- **Research.** FWP may use or disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recover of patients who received one medication to those who received another medication. All research projects are subject to a special approval process. Before FWP will use or disclose protected health information about you, the project will be approved through the special approval process.
- **Health and Safety.** FWP may use or disclose your protected health information to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

- **Specialized Government Functions.** FWP may use and disclose your protected health information for military and veterans activities, for national security and intelligence activities, for protective services of the President and others, and to correctional institutions and other law enforcement custodial situations.
 - **Workers' Compensation.** FWP may use and disclose protected health information about you for workers' compensation or similar programs to the extent authorized by and to the extent necessary to comply with laws regarding said programs.
 - **Military and Veterans.** If you are a member of the armed forces, FWP may disclose your protected health information as required by military authorities. FWP may also use and disclose protected health information about you to the Department of Veterans Affairs to determine whether you are eligible for certain benefits.
 - **Inmates.** If you are an inmate at a correctional facility or under the custody of a law enforcement official, FWP may disclose protected health information about you to the correctional facility or law enforcement official.
 - **FDA Reporting.** In the event FWP is subject to the jurisdiction of the federal Food and Drug Administration with respect to a product or activity for which FWP has a duty to make reports of quality, safety or effectiveness, FWP may use and disclose protected health information about you to make any fulfill any requirements imposed by the FDA.
 - **Lawsuits.** If you are involved in a lawsuit, FWP may disclose your protected health information in response to a court order. FWP may also disclose protected health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information.
3. **Uses and Disclosures For Which Authorization is Required.** The following categories describe the instances in which FWP may only use and disclose protected health information about you after first obtaining your written authorization:
- **All Instances Except as Required or Permitted.** Except as required or permitted by the Privacy Standards, FWP may not use or disclose protected health information about you without your written authorization. When FWP receives your authorization to use or disclose your protected health information, FWP must make its use and disclosure consistent with such authorization. If you provide FWP authorization to use or disclose your protected health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, FWP will no longer use or disclose your protected health information for the reasons covered by your authorization. However, your revocation will not be applicable to disclosures that FWP already made prior to its receipt of your written revocation.
 - **Psychotherapy Notes.** FWP may not use and disclose psychotherapy notes without your authorization except: to carry out certain treatment, payment and health care operation activities; as required by law; for health oversight activities; to coroners and medical examiners; and, to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
 - **Marketing.** FWP may not use and disclose protected health information about you for marketing without your authorization. Marketing means a communication about a product or service that encourages the recipient of the communication to purchase or use the product or service. Marketing does not include a face to face communication made by FWP to you and/or a promotional gift of nominal value provided by FWP. Marketing also does not include refill reminders or other communications about drugs, communications to recommend alternative treatments for you and/or communications to describe health-related product or services, so long as FWP is not receiving any financial remuneration in exchange for making the communication.

- **Sale of PHI.** FWP may not use and disclose PHI about you if such use or disclosure is a sale of PHI, without your authorization. Your authorization must state that you acknowledge that the disclosure will result in remuneration to FWP.

C. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information FWP maintains about you:

1. **Request Restrictions.** You have the right to request that FWP restrict or limit how it uses or discloses your protected health information for treatment, payment or health care operations. FWP will consider your request, but FWP is not generally required to agree to your request. Notwithstanding the foregoing, FWP must agree to your request to restrict disclosure of PHI about you to a health plan if: the disclosure by FWP is for payment or health care operations and is not otherwise required by law; and, the PHI to be restricted relates only to a health care item or service for which you have paid FWP in full. FWP cannot agree to limit uses and disclosures that are required by the Privacy Standards. If FWP agrees to your request, FWP will comply with your request unless the information is needed to provide you emergency treatment or in other limited circumstances. To request a restriction, you must make your request in writing to the Privacy Officer of FWP. In your request, you must provide FWP with your name, address, a specific description of the requested restriction, and the requested duration of the restriction. The request must also be signed and dated. Please refer to 45 C.F.R §164.522 for a more detailed description of your rights.
2. **Request Confidential Communications.** You have the right to request that FWP communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that FWP only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer of FWP. In your request, you must provide FWP with your name, address, a specific description of the request, an identification of the alternate method of communication and/or alternate address, and the duration of the request. The request must also be signed and dated. FWP will not ask you the reason for your request and FWP will accommodate all reasonable requests. Please refer to 45 C.F.R §164.522 for a more detailed description of your rights.
3. **Request Access to Inspect and Copy.** You have the right to request access for purposes of inspecting and copying your PHI. To request access, you must make your request in writing to the Privacy Officer of FWP. In your request, you must provide FWP with your name, address, a description of the requested access (i.e., inspection, copying, both) and a statement as to the requested form or format of the information. FWP will provide the information in the form and format requested by you if it is readily producible in such form or format, and if not, it will be provided in a readable hard copy form. The request must also be signed and dated. FWP will respond to your request within 30 days. If FWP is unable to respond within that time, FWP may have an additional 30 days if it notifies you in writing as to the reason for the delay and gives you the date on which it will respond. In some instances, FWP may deny your request to inspect and copy. If you are denied access to your PHI, you may request that the denial be reviewed in certain circumstances. If you are entitled to a review, another licensed health care professional chosen by FWP will review your request and the denial. The person conducting the review will not be the person who denied your request. FWP will comply with the outcome of the review. If you request a copy of the information, FWP may charge a fee for the cost of copying, mailing and other supplies associated with your request. Please refer to 45 C.F.R §164.524 for a more detailed description of your rights.
4. **Request Amendments.** If you feel that protected health information FWP has about you is incorrect or incomplete, you have the right to request that FWP to amend the information. You have the right to request an amendment for as long as the information is kept by or for FWP. To request an amendment, you must make your request in writing to the Privacy Officer of FWP. In your request, you must provide FWP with your name, address, a specific description of the requested amendment and a description of the reason or basis for the amendment. The request must also be signed and dated. FWP will respond to your request within 60 days. If FWP is unable to respond within that time, FWP may have an additional 30 days if it notifies you in writing as to the reason for the delay and gives you the date on which it will respond. In some instances, FWP may deny your request for an amendment. If FWP denies your request, you will be

given the opportunity to submit a written statement of disagreement and/or request in writing that FWP include your request with any future disclosures of the affected information. In the event you file a written statement of disagreement, FWP will be allowed to prepare a written rebuttal. In some instances, the future disclosures of the affected information will include your request, the denial, your written statement and the rebuttal. Please refer to 45 C.F.R §164.526 for a more detailed description of your rights.

5. **Request an Accounting of Disclosures.** You have the right to request an accounting of disclosures describing certain of the disclosures FWP has made of protected health information about you. To request an accounting, you must make your request in writing to the Privacy Officer of FWP. In your request, you must provide FWP with your name, address, and a statement of the period of time for the accounting (which may not be longer than six (6) years and may not include dates before April 14, 2003). Your request should indicate in what form you want the accounting (for example, on paper, electronically, etc.) The request must also be signed and dated. FWP will respond to your request within 60 days. If FWP is unable to respond within that time, FWP may have an additional 30 days if it notifies you in writing as to the reason for the delay and gives you the date on which it will respond. The first accounting you request within a twelve (12) month period will be free of charge. For additional accountings during a twelve (12) month period, FWP may charge you for the cost of providing the accounting. FWP will notify you of the cost involved in advance and you may choose to withdraw or modify your request at that time before any costs are incurred. Please refer to 45 C.F.R §164.528 for a more detailed description of your rights.
6. **Request Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask FWP to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact the Contact Person of FWP.
7. **Receive Notification of Breach.** FWP is required to provide notification to you and to the Secretary of the Department of Health and Human Services in the event FWP discovers a breach with respect to unsecured protected health information affecting you. The notification to you shall be made without unreasonable delay and in no case later than 60 days after the date the breach was discovered by FWP. The notice shall contain various information about the breach, including: a description of what happened and the date of the breach if known; a description of the types of information involved in the breach; any steps you should take to protect yourself from potential harm resulting from the breach; and, a brief description of what FWP is doing to investigate the breach, mitigate harm, improve security, and impose sanctions on offending individuals. The notification will be provided to you in writing by first class mail. If you have agreed to accept electronic notice, FWP may send the notification to you electronically. If FWP has insufficient or out-of-date contact information for you, the notification may be provided by other means, such as telephone or email. In some instances, FWP may be required to post a notice on its web site or post a notice in major print or broadcast media where you are likely to reside. In addition, FWP is required to notify the Secretary of the Department of Health and Human Services upon its discovery of a breach involving unsecured protected health information. If the breach involves 500 or more individuals, then the notification to the Secretary shall be made concurrently with the notice to affected individuals. If the breach involves fewer than 500 individuals, then the notice to the Secretary shall be made annually.

D. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. To file a complaint with FWP, contact the Privacy Officer of FWP at (260) 490-8024. The Privacy Officer will inform you as to the formal procedure for filing a complaint with FWP and the Privacy Officer can assist you with respect to making a complaint. You will not be retaliated against for filing a complaint.

You may also file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary of the Department of Health and Human Services, you should contact the Department of Health and Human Services at: The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201; (877)-696-6775 within one hundred eighty (180) days of when you knew or should

have known that the act or omission complained of occurred (this time limit can be waived by the Secretary for good cause shown). You will not be retaliated against for filing a complaint.

E. CHANGES TO THIS NOTICE

FWP reserves the right to change its privacy practices and this Notice at any time. FWP will promptly revise and distribute a revised Notice whenever required by law or when there is a material change to: the uses or disclosures that may be made by FWP; your rights with respect to your protected health information; FWP's legal duties; and/or FWP's other privacy practices described in this Notice. FWP reserves the right to make the revised or changed privacy practices and Notice effective for protected health information FWP already has about you as well as any information FWP receives in the future.

FWP will post a copy of the current Notice in the waiting room of each of FWP's offices. The Notice will contain on the first page, in the top center section, the effective date. In addition, each time you register at FWP's office for treatment or health care services, FWP will make available to you a copy of the current Notice then in effect. FWP will also post a copy of its current Notice on its website.

F. EFFECTIVE DATE

This Notice shall be effective on and after September 23, 2013.

G. YOUR WRITTEN ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

If you are a new patient, FWP is required to make a good faith effort to obtain your written acknowledgement of your receipt of this Notice. As such, please complete the attached form acknowledging your receipt of this Notice and give the completed form to a member of FWP.