

Paragon Health, PC DBA Kalamazoo Pediatrics Privacy Policy

This notice describes how protected health information about your child may be used and disclosed and how you can access this information. Please review the information below carefully.

At Kalamazoo Pediatrics, we are committed to using protected health information about your child responsibly. This Privacy Policy describes the health information that is collected, how it is used, and when and how it may be disclosed. It also describes your rights to your child's protected health information.

What is HIPPA?

HIPPA stands for the Health Insurance Portability and Accountability Act. It is a federal law enacted in 1996 in the United States that protects sensitive patient health information. HIPPA sets national. Standards to protect privacy of individually identifiable health information and outlines how it can be used and disclosed by covered entities such as health care providers.

Your Child's Health Information

With every visit to Kalamazoo Pediatrics, a record of your child's visit is made. The record includes health information such as symptoms, examination and test results, diagnoses, treatments, and care plans. This health record is used to plan your child's care and treatment, communicate with other health professionals involved in your child's care, legal documents, third party payers and billing services, educating health professionals, data for medical research, a source of data for public health information, data for planning and marketing, and a tool for continuing to improve the care provided to your child.

Your Child's Health Information Rights

Your child's health record is the physical property of Kalamazoo Pediatrics; however, it is your right to:

- Obtain a paper copy of this notice of information practices upon request
- Look at or get copies of your child's medical information. You must make your request in writing
- You may ask the receptionist for the form needed to request access. There is a charge for copying and for postage if you want the copies mailed to you
- Obtain an accounting of disclosures of your child's health information
- Request communications of your child's health information by alternative means
- Request that we place additional restrictions on our use or disclosure of your child's medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request that we change your child's medical information. We may deny your request if we did not create the information, you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

Our Responsibilities:

- Maintain the privacy of your child's health information
- Provide you with this notice as our legal duty and privacy practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information to other locations or by other means

We reserve the right to change our practices and make the new practices effective for all health information.

We will not use or disclose your child's health information without your authorization, except as described above.

Examples of how protected health information may be used other than for medical care and treatment or billing in our clinic:

Business associates: There are some services provided in our organization through contacts with business associates.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your child's care or payment related to your child's care.

Appointment Reminders: We may disclose your child's health information to remind you of appointments you have made in our office or elsewhere.

Food and Drug Administration (FDA): We may disclose to 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.

Workers compensation: We may disclose 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 child's health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Incidental Disclosure: The modification explicitly would permit certain incidental uses and disclosures that occur because of an otherwise permitted use or disclosure. A disclosure is incidental if it is limited in nature and cannot reasonably be prevented.

Federal law makes provision for your child's health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated

professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the Paragon Central Office at 269-341-4554.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice manager or the Office for Civil Rights.

Address: U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)

200 Independence Avenue, S.W., Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

Acknowledgement of Receipt of Kalamazoo Pediatrics Notice of Privacy Policy

By my signature below I hereby acknowledge receipt of the Notice of Privacy Policy and I acknowledge that the practice will use and disclose my health information for purpose of treating my child, obtaining payment for health services rendered, and conducting health care operations.

Name of Patient

Date of Birth

Signature of Patient of Responsible Party

Date

Relationship to Patient

Date