

Pediatrics West^{PC}

NOTICE OF PRIVACY PRACTICES HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This Notice describes the privacy practices of Pediatrics West, P.C., all employees, staff, and other personnel (“PW”). The Practice participates in an Organized Health Care Arrangement with Emerson Hospital and its medical staff. Your medical information is stored in electronic format in a shared chart through Emerson Hospital. The notice also describes your rights regarding the use and disclosure of your medical information and, and certain obligations we have regarding the use and disclosure of your medical information.

PLEASE REVIEW IT CAREFULLY

We are committed to the protection of your health information created, and/or maintained by PW, including any information that we receive from other health care providers or facilities. If you are a minor (and not emancipated or deemed to be mature enough to make your own health care decisions), or otherwise incapacitated, your rights described in this notice will be held and exercised by your parent/guardian, or other person legally responsible for your care with whom we will communicate as your personal representative.

PW maintains your records for the time period required by law. Once the retention period has expired, PW destroys the records. If you have any questions regarding the retention period of your records, please contact the PW Privacy Officer (See contact information at the end of this Notice.)

YOUR RIGHTS

When it comes to your health information you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no”, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment of our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

Pediatrics West PC

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time even if you have agreed to receive the notice electronically.
- We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney, have activated health care proxy, or if someone is your legal guardian, that person can exercise your rights and make choices about your health care information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6755, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases you have both the right and the choice to tell us whether or not to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you (or your personal representative) are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety or for your protection. For example, if a physician reasonably believes your condition is so serious that your life or limb is endangered, we may notify family members, including your parents or legal guardian if you are an emancipated or mature minor, of the condition and will inform you or your personal representative of any such notification.

In the following cases, we never share your information unless you give us written authorization (or are otherwise required by law to do so):

- Marketing purposes.
- Sale of your information.
- Certain highly confidential information about you, including:

Pediatrics West^{PC}

1. Your HIV/AIDS status;
2. Mental/behavioral documentation and genetic testing information;
3. Confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional, or human services professional;
4. Substance abuse (alcohol or drug) treatment or rehabilitation information;
5. Venereal disease information;
6. Abortion consent form(s);
7. Mammography records;
8. Family planning services;
9. Treatment or diagnosis of emancipated minors;
10. Mental health community program records; and
11. Research involving controlled substances.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

TREAT YOU: We can use your health information and share it with other professionals who are treating you.

RUN OUR ORGANIZATION: We can use and share your health information to run our operations, improve your care, and contact you when necessary..

BILL FOR YOUR SERVICES: We can use and share your health information to bill and get payment from health plans or other entities.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research

Depending on the circumstances, we can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Pediatrics West PC

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request at any entity listed in this Notice and on our web site at [website URL].

Contact Person for this Notice

If you have any questions about this Notice or a complaint about our privacy practices, please contact our Privacy Officer at:

Pediatrics West, PC
68 Tadmuck Road
Westford, MA 01886

Phone: 978-577-0437

Email: privacyofficer@pediatricswest.com

EFFECTIVE DATE OF NOTICE: 3/1/2023