

**PEDIATRIC CARE SPECIALISTS, P.A.**

12330 Metcalf Ave, Ste 300  
Overland Park, Kansas 66213  
913-906-0900

**Notice Of Privacy Practices**

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR FAMILY (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI).**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

\*\*\*\*\*

**A. OUR COMMITMENT TO YOUR PRIVACY**

Pediatric Care Specialists, P.A. (PCSPA) is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding your family and the treatment and services we provide to you and your family. We are required by law to maintain the confidentiality of health information that identifies you and your family. 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 (IIHI). By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following information:

- ~ How we may use and disclose your IIHI
- ~ Your privacy rights in your IIHI
- ~Our obligations concerning the use and disclosure of your IIHI

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

## **WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:**

(for the purpose of this entire Privacy Notice, the terms “you” and “your” will represent the IIHI of your children and family as patients of PCSPA)

### **Treatment.**

PCSPA may use your IIHI to treat you. For example, PCSPA may ask you to have lab tests, and we may use the results in reaching a diagnosis or we may disclose your IIHI to a pharmacy when ordering a prescription for you. Employees of PCSPA, including but not limited to, our doctors, nurses, and clerical staff, may use or disclose your IIHI in order to treat you or assist others in your treatment. PCSPA may disclose your IIHI to others who assist in your care, such as spouses, children or parents. We may disclose your IIHI to other providers for purposes related to your health care.

### **Payment.**

PCSPA may use and disclose your IIHI to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer for certification of eligibility benefits and range of benefits and we may provide details regarding your treatment to determine coverage for said treatment and services. PCSPA may use and disclose your IIHI to obtain payment from third parties that may be responsible for costs of service/treatment. We may use your IIHI to bill you directly or through collections agencies in billing and collection efforts.

### **Health Care Operations.**

PCSPA may use and disclose medical information about you for our internal operations, including uses and disclosures that are necessary to run PCSPA. For example, using medical information about you to evaluate our staff’s performance in caring for you.

### **Appointment Reminders.**

PCSPA may use and disclose your IIHI in efforts to contact you and remind you of appointments.

### **Health-Related Benefits & Services.**

PCSPA may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

### **Release of IIHI to Family/Friends**

PCSPA may release your IIHI to a friend or family member that is involved in your care or assisting in your care. For example, a parent or guardian may ask a babysitter or extended family member to take their child to PCSPA for treatment.

## **Disclosures Required By Law.**

PCSPA will use and disclose your IIHI as required to do so by federal, state or local laws.

### **Abuse or Neglect.**

PCSPA may disclose your IIHI to an authorized public health authority in reports of child abuse or neglect.

### **Judicial & Administrative Proceedings**

PCSPA may disclose your IIHI in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

PCSPA may disclose IIHI for law enforcement purposes. The law enforcement purposes include legal process, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, and as otherwise required by law.

### **Health Oversight**

PCSPA may disclose IIHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections of records and health information.

### **Coroners, Funeral Directors, & Organ Donation**

PCSPA may disclose IIHI to a coroner or medical examiner for identification purposes, determining cause of death or for examiner or funeral director to perform other duties authorized by law. We may disclose IIHI in reasonable anticipation of death to authorized entities in the procurement, banking, or transplantation of organs.

### **Serious Threats to Health or Safety**

PCSPA may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or public.

### **Military**

PCSPA may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities.

### **National Safety**

PCSPA may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We may disclose your IIHI to federal officials in order to protect the President, officials or foreign heads of state or to conduct investigations.

## **Workers' Compensation**

PCSPA may release your IIHI for workers' compensation and similar programs.

## **Inmates**

PCSPA may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

## **YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding your IIHI that PCSPA maintains about you:

### **Right to Inspect and Copy:**

You have the right to inspect and obtain a copy of the IIHI that may be used in decision making, including patient medical records and billing records, but not including psychotherapy notes. To inspect or obtain a copy of your IIHI, you must submit your request in writing to: Pediatric Care Specialists, P.A., Attn: Privacy Officer, 12330 Metcalf Ave, Ste. 300, Overland Park, Ks. 66213. PCSPA may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. PCSPA may deny your request in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

### **Confidential Communications:**

You have the right to request that our practice communicate with you in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a specific type of communication, you must make a written request to Pediatric Care Specialists, P.A., Attn: Privacy Officer, 12330 Metcalf Ave., Ste 300, Overland Park, Ks. 66213, stating the requested method of contact. You are not required to give reason for your request.

### **Requesting Restrictions:**

You have the right to request restrictions or limitations on IIHI we use or disclose for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members or 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. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Pediatric Care Specialists, P.A., Attn: Privacy Officer, 12330 Metcalf Ave., Ste 300, Overland Park, Ks. 66213. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure to both, and to whom you want the limits to apply.

**Amendment:**

You may ask PCSPA to amend your IIHI 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 PCSPA. To request an amendment, your request must be made in writing and submitted to Pediatric Care Specialists, P.A., Attn: Privacy Officer, 12330 Metcalf Ave, Ste 300, Overland Park, Ks. 66213. You must provide us with a reason that supports your request for amendment. PCSPA will deny your request if you fail to submit your request and supporting reason 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 IIHI kept by or for PCSPA; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by PCSPA, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosures:**

You have the right to receive an accounting of certain disclosures of your IIHI made by PCSPA. An accounting of disclosures is a list of certain non-routine disclosures PCSPA may have made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care at PCSPA 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. In order to obtain an accounting of disclosures, you must submit your request in writing to Pediatric Care Specialists, P.A., Attn: Privacy Officer, 12330 Metcalf Ave. Ste 300, Overland Park, Ks. 66213. All requests for an account of disclosures must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but PCSPA may charge you for additional lists.

**Right to a Paper Copy of This Notice:**

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**Right to File a Complaint:**

If you believe your privacy rights have been violated, you may file a complaint with PCSPA or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Pediatric Care Specialists, P.A. Attn: Privacy Officer, 12330 Metcalf Ave., Ste 300, Overland Park, Ks. 66213. All Complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures:**

Other uses and disclosures of your medical information not covered by the preceding categories will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that PCSPA has already taken action in reliance on your previous authorization.

**CHANGES TO THIS NOTICE**

PCSPA is required to abide by the terms of this notice, which is currently in effect. However, we reserve the right to change this notice at any time. In addition, we reserve the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office of PCSPA. The notice will contain a current effective date in the top right-hand corner of the first page.

***IF YOU HAVE ANY QUESTIONS REGARDING THIS  
NOTICE, PLEASE CONTACT THE "PRIVACY  
OFFICER" AT PEDIATRIC CARE SPECIALISTS, P.A.  
913-906-0900***

