

# Start Line Pediatrics Privacy Policy

## Your Child's Information. Your Rights. Our Responsibilities.

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of paper or electronic medical records
- Correct paper or electronic medical records
- Ask us to limit the information we share
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your child
- Provide mental health care

### Our Uses and Disclosures

We may use and share your child's information as we:

- Give your child medical treatment
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your child's 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 see or get an electronic or paper copy of your child's medical record and other health information.

- We will provide a copy or a summary of your child’s 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 your child’s health information that you think is incorrect or incomplete.
- We may say “no” to your request, 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 child’s care.

#### **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 else medical power of attorney or if someone is your legal guardian, that person can exercise your child’s rights and make choices about your child’s health 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 on page 1.
- 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

## **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 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 choice to tell us to:

- Share information with your family, close friends, or others involved in your child's care

## **Our Uses and Disclosures**

### **How do we typically use or share your child's health information?**

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

#### **Medical treatment**

We can use your child's health information and share it with other professionals who are treating you.

*Example: Another doctor treating your child asks us your child's overall health condition.*

#### **Run our organization**

We can use and share your child's health information to run our practice, improve your child's care, and contact you when necessary.

*Example: We use health information about your child to manage treatment and services.*

#### **Bill for your services**

We can use and share your child's health information to bill and get payment from health plans or other entities.

*Example: We give information about your child to your health insurance plan so it will pay for services.*

### **How else can we use or share your health information?**

We are allowed or required to share your child's 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 information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information 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**

We can use or share information for health research.

### **Comply with the law**

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

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

We can use or share health information:

- 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 in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of 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 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](http://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. The new notice will be available upon request, in our office, and on our web site.

## **Other Instructions for Notice**

- Effective Date of this Notice: June 5<sup>th</sup>, 2018
- We never market or sell personal information.