

Mohammad Djafari Pediatric

15-17 Kennedy Parkway

Cortland, New York 13045

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD/CHILDREN MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**If you have any questions about this Notice, please contact our office at 607-753-3051.*

A. PURPOSE OF THIS NOTICE OF PRIVACY PRACTICES

Protected Health Information (PHI) - any information about health status, provision of health care, or payment for health care that can be linked to a specific individual, this includes any part of a patient's medical record or payment history.

This Notice describes how we (Mohammad Djafari Pediatrics) may use and disclose protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control protected health information.

B. USES AND DISCLOSURES THAT WILL ONLY BE MADE WITH YOUR AUTHORIZATION.

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your child/children's PHI for treatment, payment and health care operations your physician will use and disclose this information only as described in this document.

We will only make the following uses and disclosures with your written consent:

- Treatment
- Payment
- Healthcare operations

Treatment- We will use or disclose your child/children's PHI to provide, coordinate, or manage their healthcare and any related services.

- Coordination of healthcare- management of your child/children's healthcare with a third party that has already obtained your permission to access your child/children's PHI.

I.e. we will disclose your child/children's PHI as necessary to a home health agency, or other physicians who maybe aiding in treatment or therapy for your child/children. Information will only be disclosed by our office to another physician in the event of a referral, or if another physician becomes involved in child/children's care by providing assistance with healthcare, diagnosis or the treatment as requested by their physician.

Payment- We may use or disclose (as needed) your child/children's PHI to obtain payment for healthcare services. These charges may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we have recommended for your child/children, such as, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child/children for medical necessity, and undertaking utilization review activities.

I.e. obtaining approval for procedures, referrals, or hospital admissions.

Healthcare Operations: We may use or disclose, as-needed, your child/children's PHI in order to support the business activities of their physician's practice. These activities include but are not limited to:

- Quality assessment activities
- Employee review activities
- Training of medical students
- Licensing
- Marketing and fundraising activities
- Conducting or arranging for other business activities such as:
 - Medical school students seeing patients in our office
 - Sign -in sheet at the registration desk
 - Call your children by name when the physician is ready to see them

We will share your child/children's PHI with a third party "business associates" that perform various activities (e.g. billing, transcription services.) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your child/children's PHI protected health information, we will have a written contract that contains terms that will protect the privacy of your child/children's PHI.

We may use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services we may offer. We may also send you information about products or services that we believe may be beneficial to your child/children's. You may contact our Privacy Contact to request these materials not be sent to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UP YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your child/children's PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this Authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the Authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your child/children's PHI in the following instances. You may agree or object to the use and disclosure of all or part of your protected health information. If you are not present to agree or object your physician may, using professional judgment, determine whether the information is in your

child/children's best interest. In this case, only the protected health information that is relevant to your child/children's healthcare will be disclosed.

Other's Involved in Your Child/Children's Healthcare- unless you object, we may disclose to a member of your child/children's family, a relative, a close friend. Or any other person you identify, your child/children's PHI that directly relates to that person's involvement in your child/children's healthcare. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your child/children's best interest based on our profession judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child/children's care of your location, general condition, or death. Finally, we may use or disclose your child/children's PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your child/children's health care.

Emergencies- We may use or disclose your child/children's PHI in an emergency treatment situation. If this happens your physician shall try to obtain your Consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat your child/children and the physician has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your child/children's PHI to treat them.

Communication barriers- we may use and disclose your child/children's PHI if their physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using profession judgment, that you intend to consent to use or disclosure under the circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose child/children's PHI in the following situations without your Consent or Authorization. These situations include:

- Required by Law
- Public Health
- Communicable Diseases
- Health Oversight
- Abuse or neglect
- Food and Drug administration
- Legal proceedings
- Law Enforcement
- Coroners, funeral directors, and organ donation
- Research
- Criminal activity
- Military Activity and national security
- Workers compensation
- Inmates
- Required uses and disclosures

Required by Law- We may use or disclose your child/children's PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required, as required by law, of any such uses or disclosures.

Communicable Diseases- We may disclose your child/children's PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight- We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect- We may disclose your child/children's PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your child/children's PHI if we believe that they have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration- We may disclose your child/children's PHI health information to a person or company required by the Food and drug administration to report adverse events, product or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings- We may disclose protected health information in the course of any judicial administrative proceeding , in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in the response to a subpoena, discovery request or other lawful process.

Law Enforcement- We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

1. Limited information requests for identification and location purposes
2. Pertaining to victims of a crime
3. Suspicion that death has occurred
4. In the event that a crime occurs on the premises of the practice
5. Medical emergency (not on the premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and organ Donation- We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research- We may disclose your child/children's PHI to researchers when their research has been approved by an institution review board that has reviewed the research proposal and established protocols to ensure the privacy of your child/children's PHI.

Criminal Activity- Consistent with applicable federal and state laws, we may disclose your child/children's PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to

the health or safety of a person or the public. We may also disclose child/children's PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security- When the appropriate conditions apply, we may use or disclose child/children's PHI if they are Armed Forces personnel,

1. For activities deemed necessary by appropriate military command authorities
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits
3. To foreign military authority if you are a member of that foreign military service
4. We may also disclose child/children's PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers Compensation- Your child/children's PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates- We may use child/children's PHI if they are an inmate of a correctional facility and your physician created or received your child/children's PHI in the course of providing care.

Required Uses and Disclosures- Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine out compliance with the requirements of section 164.500 et seq.

Your Rights

Following is a statement of your child/children's rights with respect to your child/children's PHI and a brief description of how you may exercise these rights.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR CHILD/CHILDREN'S PHI.

- This means you may inspect and obtain a copy of PHI about your child/children that is contained in designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that their physician and the practices use for making decisions about our child/children.

Under federal law however you may not inspect or copy the following records:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibit access to protected health information.

Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have any questions about access to your medical record.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your child/children's best interest to permit use and disclosure your child/children's PHI in violation of that restriction you wish.

You have the right to request a restriction of your child/children's protected health information.

This means you may ask us not to use or disclose any part of your child/children's protected health information for the purposes of treatment, payment or healthcare options. You may also request that any part of your child/children's PHI not be disclosed to family members or friends who may be involved in your child/children's care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions that the physician and you agree to.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your child/children's best interest to permit use and disclosure of your child/children's protected health information, your child/children's protected health information will be restricted. If your physician does agree to be requested restriction, we may not use or disclose your child/children's PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with their physician. You may request a restriction by contacting your child/children's physician and documenting the specific restrictions that the physician and you agree to.

Generally we are not required to agree to your request to restrict how we use and disclose your medical information. Except however, if you request we restrict disclosure of your health information to a health plan (your health insurer) related to services or items we provide to you and you pay us for such services or items out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. **Please note:** This restriction will apply only when requested and services are paid in full.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking for information as to how payment will be handles or specification of an alternative address or other method of contact. WE will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your child/children's protected health care information.

This means you may request an amendment of PHI about your child/children in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your child/children's protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy. It excludes disclosures we may have made you, to family members or friends involved in your child/children's care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after September 23, 2013. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us.

Upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your child/children's privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy contact, **Dr. Djafari office** at 607-753-3051 for further information about the complaint process.

This notice was published and becomes effective on September 23, 2013.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practice with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPPA compliance officer in person or by phone at our main phone number.

***We are required by law to abide by the terms of this Notice. We may change the terms of our Notice at any time. A new Notice will be effective for all protected health information that we maintain at the time. Upon your request, a new Notice of Privacy Practices will be provided to you. You may request an updated Notice by contacting the office; you may also request a new copy at your next visit. We are also required by law to protect the privacy of health information that may reveal your identity. If there is a HIPPA breach we are required by law to report such breach to you and the government. A copy of this notice will always be posted in our reception area.*