NOTICE OF PRIVACY PRACTICES

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.

Pediatric Associates, P.S.C., is committed to protecting the privacy and security of your child's protected health information ("PHI"). Protected health information is information about your child, including demographic information that may identify your child and that relates to your child's past, present or future physical or mental health information and related health care services.

Pediatric Associates is required by law to maintain the privacy of your child's PHI and to provide you with this notice regarding our legal duties and our privacy practices with respect to your child's PHI so that you will understand your rights, our legal duties, and how we may use or disclose PHI about your child.

Pediatric Associates may use or disclose your child's PHI:

- To you or someone who has the legal right to act on behalf of your child;
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your child's privacy is protected;
- To law enforcement officials when investigating and/or prosecuting alleged or civil or criminal actions;
- Where required by law to the extent necessary to meet requirements of those laws.

Primary Uses and Disclosures of PHI

Pediatric Associates has the right to use or disclose your child's PHI to administer treatment, payment, and other health care operations (TPO). Permission to use or disclose PHI for TPO is the same whether the PHI was created before or after the HIPAA privacy compliance deadline. By signing this Privacy Notice you are agreeing that Pediatric Associates may use/disclose your child's PHI, for example:

- To any healthcare service providing services to your child upon referral by Pediatric Associates;
- To your insurance company to process your claims;
- To your child's school or day care for purposes of communicating current vaccination status or medication needs;
- To a lab to carry out tests to aid in diagnosis;
- To your pharmacy to administer medications; or
- To an outside source for purposes of confirming your child's appointments.

Other Permitted Uses and Disclosures of PHI

Pediatric Associates has the right to use or disclose your child's PHI for the purposes listed below without consent or authorization. All such disclosures will be made consistent with requirements of applicable federal and state laws. When state law is more stringent than federal, such uses/disclosures will be made consistent with state law.

- As Required by Law: The use or disclosure will be made in compliance with the law and limited to relevant requirements of the law. You will be notified of any uses or disclosures.
- For Public Health Activities: Such a disclosure will be made for purposes of controlling disease, injury or disability. We may disclose your child's PHI, if directed by the public health authority, with a foreign government or agency that is collaborating with the public health authority.
- Regarding Victims of Abuse, Neglect or Domestic Violence: We may disclose your child's PHI, for example, to a public health agency authorized by law to receive reports of abuse or neglect if it is believed that the child has been a victim.

- For Health Oversight Activities: Such disclosures may be made to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- For Business Associates: Some services are provided through contracts with Business Associates.
- For Payment for Your Health Care Services: We may disclose PHI to any person identified by you for payment for your health care services.
- For Judicial and Administrative Proceedings: Such disclosures would be made in response to a court or administrative order.
- For Law Enforcement Purposes: For example, we may disclose PHI if asked to do so by a law enforcement official to identify or locate a suspect or material witness, or in an emergency to report a crime including the description, identity, or location of the perpetrator.
- Regarding Decedents: Such as to coroners, medical examiners or funeral directors.
- For Cadaveric Organ, Eye or Tissue Donation and Transplantation Purposes.
- For Research: Such disclosers may be made to a research agency that has been approved by an institutional review board ensuring the privacy of your child's PHI.
- To Avert Serious Threat to Health or Safety: We may, for example, disclose PHI of an individual admitting participation in a violent crime that we reasonably believe may have caused serious harm to the victim.
- For Specialized Government Functions: Such as military, national security and intelligence activities, correctional institutions, other law enforcement custodial situations.
- For Worker's Compensation: Such uses/disclosures may be made in compliance with workers' compensation laws.
- For Benefits and Services: We may use or disclose PHI about your child to tell you about possible health care options that may be of interest to you.
- Electronic Storage and Transmission: We may transmit your health information electronically.
- For Data Breach Notification Purposes.
- For Marketing: We must receive your authorization for any use or disclosure of PHI for marketing.
- For Confidentiality of Psychotherapy Notes: We must receive your authorization for any use or disclosure of psychotherapy notes, except: for use by the originator for treatment, for use for its own training programs in which students or practitioners learn under supervision, for use or disclosure by Pediatric Associates to defend itself in a legal action brought by you, to be compliant with HIPAA regulations, or required by law.

Other Uses and Disclosures Requiring Your Authorization

By law, Pediatric Associates must have your written permission (an "authorization") to use or disclose your child's PHI for any purpose not set forth in this notice. You may take back ("revoke") your written permission at any time, except if Pediatric Associates has already acted based on your permission.

Your Rights Regarding Protected Health Information About Your Child

By law, you **have the right** to:

- Ask Pediatric Associates to communicate with you in a confidential manner or at a different place (for example, sending materials to a PO Box instead of your home address).
- Right to request a restriction or limitation on the protected health information we use or disclose about your child. However, Pediatric Associates may not be able to agree to your request if the information is used to conduct operations in the manner described above.
- Request access to your child's PHI. The request must be submitted in writing and is subject to review under Privacy Rule guidelines.
- Request to amend your child's PHI. The request must be submitted in writing and include your reason for requesting the amendment. The request will be reviewed under Privacy Rule guidelines. We may deny your request if the information was not created by us.
- Right to a paper copy of this privacy notice.

For more information regarding your privacy rights and our procedures to accommodate those rights, you may visit our web site, www.pediatricassociatesnky.com or call 859-341-5400 and ask for Pediatric Associates' Privacy Officer.

If you believe your child's privacy rights have been violated, you may file a complaint with us at the location described below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Pediatric Associates, P.S.C.
2865 Chancellor Drive
Suite 225
Crestview Hills KY 41017
Attention: HIPAA Privacy Request

In the event of any breach of unsecured PHI, we shall fully comply with the HIPAA/HITECH breach notification requirements, which will include notification to you of any impact that breach may have had on you, your child and/or your other family member(s) and actions we undertook to minimize any impact the breach may or could have on you or your child.

By law, Pediatric Associates is required to abide by the terms of this Privacy Notice. Pediatric Associates has the right to change the way your child's PHI is used and given out. If Pediatric Associates makes any material changes to the Privacy Notice, a new notice will be posted in all lobbies and on the web site. Parents will be asked to sign a new consent form at the child's first visit following the change. A copy of the most current Privacy Notice is available at the front desk of all office locations. The effective date of this Notice is September 1st, 2013.

Financial Policies

PEDIATRIC ASSOCIATES, PSC FINANCIAL POLICY

Pediatric Associates appreciates that you have chosen our office for pediatric care of your child. We work very hard to provide the very best medical care for you and your family. The financial aspects of the medical field can be complex. There are many different types of insurance contracts. It is important that you understand your insurance contract and our financial policies as well.

Newborn babies need to be added to your insurance plan within 30 days of birth to ensure coverage. We understand that it takes time to get added to the plan and receive an insurance card. We will collect applicable co-pays, co-insurance or deductible amounts without an insurance card for eight weeks after your baby is born. You should receive your card as confirmation of coverage prior to your baby's two month appointment. If you have not received this card within a week before the appointment, please call your insurance company and ask them to send the card immediately. If we do not have insurance information, your account will be treated as a self-pay account by our office and the applicable amount will be collected. If our office is not contracted with your insurance we cannot file your insurance claims. Your account will be treated as a self-pay account and you will receive a receipt with all pertinent information to submit to your insurance company for reimbursement.

We do require you to have your insurance card at every visit. Prior to being seen you will be asked to look over your child's personal information and make applicable changes. We will make a copy of your most current insurance card. This card is our way of confirming your coverage. It has all the information needed to file your claims. If you do not have a card, you will be treated as a self-pay account until the correct insurance card is received. In some occurrences your insurance company may send your card with incorrect information such as an incorrect primary care physician. We will not be able to accept this card.

If your insurance contract requires a co-pay at each visit, we will collect this co-pay before your child sees a provider. When you are finished with your visit you do not have to stop back at the front desk unless there are other issues to discuss or you have questions. If for some reason you paid the incorrect co-pay amount and we have to bill you, we will give you thirty days to send in the correct amount. If after thirty days the account is not resolved we will charge a $5.00 monthly processing fee. If after two months this is not paid, further action will be taken.

If your insurance requires a deductible, we treat the deductible the same as we do for patients who are self pay. Many deductible plans cover well child care in full and for those plans no payment is collected at the time of service. For patients that are self-pay or

have deductibles, a payment of at least $50 is required at the time of service. The remaining balance is due in 30 days and we will invoice you for this amount. For deductible plans we will invoice you after your insurance company responds to the claim.

For your convenience we will file your claims for you when all the correct information is received as long as our providers are contracted with your healthcare insurance. Once your claim has been filed to your insurance company, claims are usually paid in 30 days. Our office will make every attempt to collect payment from your insurance, but if all attempts fail we will rely on you to contact your insurance company to get claims paid in a timely manner. If claims get past 90 days old you may be asked to pay claim and when insurance pays you will be sent a refund. If you have questions regarding payment of your claim once it is received at our office, you will be better served by calling your insurance company with your questions, not our billing office. They will be better able to explain your benefits. Also with HIPPA regulations, insurance companies will not give much information to our office. It is your responsibility to make sure we are participating with your Insurance plan. Due to the may different plans within Insurance Companies, please calll your Insurance Company to make sure we are participating in your individual plan. If we are not a participating provider for your insurance, if you are not insured, or we do not file with your insurance company, you may be responsible for the entire charge at the time of service.

All patient balances are due in full when billed. If you ever feel the amount does not reflect the amount you owe, please contact our billing office. We will be happy to review the invoice with you and answer your questions. If you have overpaid for some reason we will issue a refund. If the amount is over $40 we will send you a check or refund your credit card automatically. If it is less than $40 we will keep this credit on your account for you to use the next time you are in. If you ever want us to refund that amount to you, just let us know and we will get the refund to you within a week.

It is our primary goal to provide the best healthcare for your children. In order to do this, we provide a variety of services in our office. These services include labs, tests, procedures and an "After Hours Clinic" during busy times. Some of these services have additional charges associated with them. Most are recognized by insurance companies. Patients may be required to pay additional amounts for these services depending on the type of insurance plan you have and your coverage.

We are happy to help you with any billing questions. Please keep in mind there are some questions we will not be able to answer. Questions about if or why something is covered or not can only be answered by your insurance company. Feel free to call us and we will answer the questions we can and direct you to your insurance company if your question is one we cannot answer. Again, we look forward to working with you and your children!

Please see the following for billing FAQ's:
Billing-FAQ

AUTHORITY TO RELEASE RECORDS

I, _____ give my permission for the office of: *(check one box)*

☐ _____
_____
_____

OR

☐ Pediatric Associates, PSC
2865 Chancellor Drive
Suite 225
Crestview Hills, KY 41017
(859) 341-5400 (phone)
(859) 578-3172 (fax)

To release my child(ren)'s complete medical records to: *(check one box)*
Medical Records may include notes by providers or other personnel ,results, reports, correspondence, x-rays or other imaging films, billing claims, payment information, HIV testing or treatment for AIDS or related conditions, drug or alcohol abuse, drug or alcoholism related conditions, psychiatric/psychological conditions unless specifically excluded. Please list exclusions below.
_____

☐ Pediatric Associates, PSC
2865 Chancellor Drive
Suite 225
Crestview Hills, KY 41017

OR

☐ _____
_____
_____

Transferring **out** of Pediatric Associates? ☐ yes ☐ no

Reason for release:
☐ Moved in/out of geographic area
☐ Health insurance change
☐ Age of child
☐ Referral

Information to release:
☐ Entire Medical Record
☐ Records for date range _____
☐ Records related to _____
☐ Other:_____

Child(ren)'s names and birth dates:

_____ _____

_____ _____

Parent/Guardian name, address and phone number:

_____

_____

_____

_____ _____
Signature of Parent/Guardian *Date*

- Only requested information will be sent. Information is kept confidential and used only for medical reference only.
- Each patient is entitled to one copy of his or her medical records at no charge. Additional copies will be provided at a charge.
- This authorization will expire 90 days from when signed.
- Each patient may revoke this authorization at anytime by notifying Pediatric Associates in writing. Revocation does not affect any actions taken by Pediatric Associates before receiving revocation.
- Pediatric Associates may use health care information received for future health care transactions.
- Refusal to sign in no way affects treatment, payment, or eligibility for benefits.
- Disclosure of information carries with it potential for unauthorized disclosure and the information may not be protected by federal confidentiality rules.

_____ _____
Pediatric Associates Authorization *Date*

Thank you for choosing Pediatric Associates to be your pediatricians. In an effort to keep communication open, please initial and sign below as verification that you have received Pediatric Associates' financial policy and HIPPA policy. If you have any questions please feel free to contact our office at (859) 341-5400.

_____ Financial Policy

_____ HIPPA Policy

Child(ren)'s names and birth dates:

_____ _____

_____ _____

_____ _____

_____ _____

Patient or Guardian Name (printed) *Date*

_____

Parent or Guardian Signature