

Cleveland Children's Clinic
Cleveland, MS

NOTICE OF PRIVACY PRACTICES

This Notice is Effective as of July 22nd, 2016

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guarantees certain privacy rights regarding your personal medical/health information. It requires us to maintain the privacy of protected health information ("PHI"); provide notice of our legal duties and privacy practices with respect to protected health information; abide by the terms of our Notice of Privacy Practices currently in effect; notify affected individuals following a breach of unsecured PHI. Health information collected from you is securely stored in our Electronic Health Records (EHR). The health record is the property of Cleveland Children's Clinic, but the information in the record belongs to you. If you have questions about any part of this Notice or if you want more information about privacy practices, please contact:

Cleveland Children's Clinic
ATTN: Privacy Contact Officer
818 East Sunflower Road
Cleveland, MS 38732
Phone number: 662- 579-3449

You may learn more about HIPAA by visiting the U.S. Department of Health & Human Services Office for Civil Rights Web site at www.hhs.gov/ocr/hipaa.

WHO WILL FOLLOW THIS NOTICE:

This Notice describes the practices of the Cleveland Children's Clinic's employees and staff as well as potential future organized health care arrangements. Organized health care arrangements include hospitals, physician organizations, health plans, and other entities that collectively provide health care services. These individuals, entities, sites, and locations may share PHI with each other for the treatment, payment, and health care operation purposes describes in in this Notice.

INFORMATION COLLECTED ABOUT YOU:

In order to receive treatment and health care services from us, you will be providing us with the personal information as such:

- Name, address, phone number, and/or email address
- Information relating to your (your child) medical history
- Insurance information and coverage
- Information concern other medical providers

HOW THE CLEVELAND CHILDREN'S CLINIC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

Federal and state law permits us to use or disclose your child's personal and identifiable for the following purposes:

Treatment: We may use protected health information about your child to carry out medical treatment and services. When necessary we may disclose protected health information to our doctors and nurses, as well as to any other party involved in child your care, either within our practice or an outside health care provider. For example we may share your child's medical information with other health care providers who will provide services that we do not, such as a pediatric subspecialist, a pharmacist who needs your child medical information to dispense a prescription, or a laboratory that performs a test we order for your child.

Payment: We may use and disclose your child's protected health information to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your child's current medical condition so that it will pay us for services we have provided. We may also need to inform your payer of a treatment we intend to provide for your child in order to obtain prior approval or to determine whether the service is covered.

Healthcare Operations: We may use your child's protected health information for the general operation of our medical practice. These use and disclosures including general administrative activities and quality assurance programs are necessary to run or operate the clinic and to make sure that all individuals we serve receive quality care.

For example, your child's health information may be used as such:

- To train and educate doctors, nurses, students, volunteers or other medical staff
- To plan for services, such as when we assess certain services that we may want to offer in the future
- To evaluate the performance of our employees
- To establish internal protocols
- To our lawyers, consultants, accountants, and other business associates in order to compare your information with that of several other patients to determine if we should offer new services or if new treatments were effective
- To identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures
- To organizations that assess the quality of care we provide to our patients (such as government agencies or accrediting bodies)
- To organizations that evaluate, certify or license health care providers, staff or facilities in a particular specialty
- To assist others who may be reviewing our activities such as accountants, lawyers, consultants, risk managers, and others who assist us in complying with state and federal laws
- For procedures involving health care fraud and abuse detection and compliance

- If any change of ownership, such as in the event that this medical practice is sold or merged with another organization.

WE MAY USE AND DISCLOSE YOUR CHILD PROTECTED HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION IN LIMITED SITUATIONS:

Required by law: As required by law, The Cleveland Children's Clinic will use and disclose your child's protected health information, but we will limit our use or disclosure to the relevant requirements of the law.

Public Health: Your child's protected health information (PHI) may be disclosed to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury, or disability. We may also use or disclose your child's PHI in order to notify persons who may have been exposed to a disease or who are at risk of contracting or spreading a disease.

Serious threat: When necessary and consistent with applicable law, we may disclose your child's PHI to prevent a serious threat to the health and safety of your child or other family members.

Abuse and Neglect: As required by law, we may disclose your child's PHI to a public health authority or other government authority authorized by law to receive reports of child, elder, or dependent abuse or neglect or domestic violence.

Immunization Records: We may disclose PHI, limited to the proof of immunization, to a school about an individual who is a student or prospective student if the school is required by law to have such proof and we obtain the agreement of the parent or guardian of the unemancipated minor or, if the student is an adult or emancipated minor.

Treatment Alternative: We may use or disclose your child's PHI to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. These may include information about treatment options, products, referral to subspecialist, nutritional services, special programs, etc.

Law Enforcement: As required by law, we may disclose your child's PHI to assist law enforcement to identify or locate a suspect, fugitive, material witness, or missing person, or for purpose of complying with a court order, warrant, or grand jury subpoena.

Disaster Relief: Unless you object, we may disclose protected health information about you or your child to an organization assisting in disaster relief efforts. Even if you object, we may still share information about you if necessary to respond to emergency circumstances.

Food and Drug Administration: We may disclose your child's PHI to a person

subject to the jurisdiction of the food and drug administration for the following activities: to report adverse events, products defects or problems, or biological product deviations; to track products; to enable product recalls, repairs, or replacements; or to conduct post-marketing surveillance.

Health Oversight Activities: When authorized by law, we may disclose your child's PHI to a health oversight agency for activities, such as audits, investigations, inspections, licensure or disciplinary actions, or other legal proceedings or actions.

Judicial and Administrative Proceedings: We may disclose your child's PHI in response to a court or an administrative order (1) to the extent expressly authorized by order of a court or administrative tribunal or (2) in response to a subpoena, a discovery request, or any other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request, ensure that you have not objected, your objections have been resolved by a court or administrative tribunal or secure a qualified protective order.

Coroners and Funeral Directors: We may disclose a patient's health information (a) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (b) to funeral directors as necessary to carry out their duties.

Organ Donation: As authorized by law, we may disclose your child's PHI to an organization involved in the donation of organs, transplants, and tissue banks.

Armed Forces: If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also disclose health information about foreign military personnel to their appropriate foreign military authority.

Business Associates: We may disclose your child's PHI to outside individuals and businesses that help us operate our practice successfully. These business associates may include billing services, transcription services, accounting services, and attorney/legal services. We have written contracts with our business associates that require them and their subcontractors to protect the confidentiality and security of patients' protected health information.

Fundraising activities. We may use or disclose your demographic information in order to contact you for our fundraising activities or to support organizations affiliated with this practice. If you do not want to be contacted this way, please notify the Privacy Officer listed in this Notice and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

Appointment reminders. We may use or disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment. If you are not at home, we may leave this information in a telephone message or leave a message with the person answering the phone.

Worker's compensation: We may use or disclose your PHI to comply with laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses.

Employers: We may disclose your PHI to your employer if we provide health care services at the request of your employer, and the health care services are provided either to conduct and evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related injury or illness.

DESCRIPTION OF USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

The Cleveland Children's Clinic will not use or disclose your protected health information for marketing purposes or make any disclosures that constitute a sale without your authorization. If you do authorize us to use or disclose your information for purposes other than as provided in this Notice, you may revoke your authorization at any time in writing.

Other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from individual.

Please Note: Release of information and/or other health information rights relating to substance abuse treatment/services and to nursing home services are also subject to rights and/or restrictions set out in other federal law and regulations.

INDIVIDUAL RIGHTS:

To exercise any of your rights listed below, please contact our Privacy Officer in writing at the address listed below and include the details necessary for us to consider your request.

You have the following rights with respect to your (your child) Protected Health Information (PHI):

A- Restriction Requests: You reserve the right to ask for restriction of certain uses and disclosures of PHI, including disclosure made to persons assisting with your care or payment for your care. The Cleveland Children's Clinic will consider your request and notify you of the outcome, but is not required to agree or accept such requests. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

B- Restricted Disclosures to Health Plans: If you have paid for services "out of pocket" and in full, we will accommodate your request not to disclose PHI related solely to those services to a health plan, unless we must disclose the information for treatment or as required by law.

C- Specific Communications: You have the right to request that you receive communications containing your PHI from us by specific means or at specific locations. For example, you may ask that we only contact you at home or by email. Your request

must be made in writing to the Privacy Officer. We will comply with all reasonable requests.

D- Right to inspect and copy: With limited exceptions, you have the right to inspect and copy medical, billing, and other records used to make decisions about your child. We will provide copies in the form and format you request if it is readily producible. You may be charged a reasonable fee for the cost of copying and/or mailing. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

E- Right to amend or supplement: You have a right to request that we amend or change your child's health information if you believe that the information in record is incorrect or incomplete. When making a request for amendment, you must state the reason for making such request. The Cleveland Children's Clinic is not required to change your health information under certain conditions.

F- Accounting of Disclosures: You have a right to receive an accounting of disclosures of your child's health information made by our practice, except for disclosures such as treatment, payment, healthcare operations, and certain other disclosures as provided for by law. If you ask for this information from us more than once every twelve months, we may charge you a fee.

G- Copy of Notice: You have the right to receive a copy of this Notice in paper form. You may ask for a copy at any time. You may also obtain a copy of this Notice on our website.

H- Breach Notification: You have a right to be notified following a breach of unsecured PHI as provided by law. If you have given us a current email address, we may use it to communicate information related to the breach. We may also provide notification by other methods as appropriate.

CHANGES TO THE NOTICE:

Cleveland Children's Clinic reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If we make a material change in this Notice, we will post the revised Notice, with the new effective date, in our office and on our website. A copy of the revised Notice will also available to you upon request.

COMPLAINTS:

If you believe your health information privacy rights have been violated, you may contact:

Cleveland Children's Clinic

Attn: Privacy Officer
818 East Sunflower Road
Cleveland, MS 38732
662- 579-3449

Or, you may contact:

Office for Civil Rights

U.S. Department of Health and Human Services

Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

You will not be retaliated against for filing a complaint.

