



**This notice describes how your medical information as a patient of this practice may be used and disclosed and how you can get access to this information. Please review it carefully.**

Each time you visit us, we keep a record of your care and treatment. We take the protection of your personal information seriously. We are required to provide you with this Notice of Privacy Practices to tell you about our legal duties and ways we may use and share your information, and to inform you about your rights regarding your health information. We give a small number of examples to describe what the categories mean, but not every use or disclosure can be listed on this Notice.

You have a right to a paper copy of this Notice of Privacy Practices.

This Notice is effective as of: November 14, 2019. We will ask you to sign a written acknowledgment of receipt of our Notice. We reserve the right to change the terms of this Notice and post the current Notice in our office. You may obtain an updated Notice from our practice at any time.

If you have any questions about this Notice of Privacy Practices, please contact:

*Pediatric Associates of Lewiston P.A.  
33 Mollison Way, Lewiston, ME 04240  
(207) 784-5782*

*Contact Person: Celina Gauthier, Privacy Officer*

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

**Treatment.** Treatment means the provision, coordination, or management of your health care and related services by Pediatric Associates of Lewiston P.A. and other health care providers involved in your care. It includes the coordination or management of health care by a provider with a third party, consultation between our practice and other health care providers relating to your care, or our practice's referral of you to a specialist physician or other practitioner or facility, such as a laboratory. When possible, this practice sends patient health information electronically using a Health Information Systems Program that is compatible with Allscripts Professional Direct Messaging.

**Payment.** Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims, management, and collection activities. Payment also may include your insurance carrier's work in determining eligibility, claims processing, assessing medical necessity, and utilization review.

**For our Healthcare or Business Operations.** Health care operations mean the legitimate business activities of our medical practice. These activities include, for example, quality assessment and improvement activities; practitioner performance evaluation; fraud and abuse compliance; business planning and development; and business management and general administrative activities. For example, we may verify your home address, phone numbers and insurance information at the front desk; we may call you by name in the waiting room when we are ready to serve you; and we may remind you of your appointment by mailing you a postcard and/or leaving a message on your answering machine or voicemail. When we involve third parties, such as billing services, in our business activities, we will have them sign a "business associate" agreement obligating them to safeguard your PHI according to the same legal standards we follow.

**Family and Close Friends Involved in Your Care.** You have consented to disclosure of PHI that, in Pediatric Associates of Lewiston P.A.'s judgment, is in your best interest to disclose to your family members and close friends who are involved in your health care.

**Immunization Registry** We participate in a state-wide immunization registry called Immpact2. This means that your immunization information, maintained electronically, and may be shared with other doctors and hospitals that care for you.

**Workplace Monitoring** Pediatric Associates management team may listen to employee phone conversations with parents of patients and/or patients of this practice. Calls will be monitored for training purposes to critique skills.

**When Allowed by Law:** The law allows us to use or disclose your protected health information in certain situations, including:

- when required for public health purposes
- when any school requests information on a student's immunization status
- Reporting child abuse/neglect

**With your Authorization:** Other uses and disclosures will be made only with your written authorization. For example, we will ask for your written permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law. If you sign an authorization, you may revoke it at any time, except where we have already shared your information based upon your permission.

### **Minors**

For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us or unless it is a type of treatment or service where parental rights are restricted.

### **Rights That You Have**

**Right to request restriction of uses and disclosures.** You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI.

**Right of access to PHI.** You have the right to inspect and obtain a copy of your PHI in a “designated record set” (your medical and billing records) as long as we maintain the PHI in such format. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. To request access to your PHI, please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. We have the right to charge a reasonable fee for providing copies of your PHI.

**Right to confidential communications.** You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our Privacy Contact. We will not require an explanation of your reasons for the request, but we will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our medical services will be handled.

**Right to amend PHI.** You have the right to request that we amend the PHI in your “designated record set” for as long as we maintain the PHI in such format. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical records and may be included in subsequent disclosure of your PHI.

**Right to accounting of disclosures.** Subject to certain limitations, you have the right to a written accounting of disclosure by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations; to yourself for a facility directory; to your family or close friends involved in your care; or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but not later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.

**Right to Notification of a Breach of Unsecured PHI.** You have a right to notification of a breach of your unsecured PHI held by us. Following the discovery of a breach, we will notify you of that breach in writing by first-class mail to your last known address as soon as possible, but in no case later than 60 calendar days after discovery of that breach. In urgent situations where we believe there is a risk of imminent misuse of unsecured PHI, we will contact you by the fastest means possible, such as telephone. In some situations, we may also provide notification of a breach to the media and, or to the Secretary of the U.S. Department of Health and Human Services.

**Right to a copy of our Notice of Privacy Practices.** We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain an updated Notice from our Privacy Contact at any time.

### **Complaint Procedure**

**Within the Practice.** If you have a complaint about the denial of any of the specific rights listed in the “Rights that You Have Section” about our Notice of Privacy Practices, or about our compliance with state and federal privacy law, please make your complaint in writing within the timeframes listed in this section or in any case within 60 days of the date of your complaint.

**Outside of the practice.** If you believe that we are not complying with our legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.