NOTICE OF PRIVACY PRACTICES

Pediatric Surgical Associates, Inc.

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We use and disclose your protected health information to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We are also required to notify affected individuals following a breach of any unsecured protected health information. This notice describes how we may use and disclose your protected health information. It also describes your rights and our legal obligations with respect to your protected health information. If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer listed above.

A. How This Medical Practice May Use or Disclose Your Protected Health Information

This medical practice collects protected health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your protected health information for the following purposes:

1. Treatment. We use and disclose protected health information about you to provide your medical care and related services. We disclose protected health information to our employees and other health care providers who are involved in providing the care you need. For example, we may share your protected health information with other physicians or other health care providers who will provide services which we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. Unless you have instructed us otherwise, we may also disclose protected health information to members of your family or others who can help you when you are sick or injured.
2. **Payment.** We use and disclose protected health information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. **Health Care Operations.** We may use and disclose protected health information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your protected health information with our “business associates,” such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality and security of your protected health information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan, healthcare clearinghouse, or one of their business associates, California law prohibits all recipients of healthcare information from further disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, their activities related to contracts of health insurance or health benefits, or their health care fraud and abuse detection and compliance efforts.

4. **Appointment Reminders.** We may use and disclose protected health information to contact and remind you about appointments. If you are not home, unless you tell us otherwise, we may leave this information on your answering machine or in a message left with the person answering the phone.

5. **Sign In Sheet.** We may use and disclose protected health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Notification and Communication with Family.** We may use and disclose your protected health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. Unless you instruct us otherwise, we may also disclose information to someone who is directly involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. We will use professional judgment and common practice in determining who or what information will be released on your behalf. We will use and/or disclose only the minimum information necessary based on the situation.

7. **Required by Law.** As required by law, we will use and disclose your protected health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

8. **Public Health.** We may, and are sometimes required by law, to use and disclose your protected health information to public health authorities that are authorized by laws to collect such information for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

9. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
10. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, disclose your protected health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

11. **Law Enforcement.** We may, and are sometimes required by law, disclose your protected health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

12. **Coroners, Medical Examiners, Funeral Directors.** We may, and are often required by law, disclose your protected health information to coroners, medical examiners and funeral directors for the purpose of identifying a deceased person, determining a cause of death or as necessary to carry out their duties as authorized by law.

13. **Organ or Tissue Donation.** We may disclose your protected health information to organizations involved in procuring, banking or transplanting organs and tissues.

14. **Public Safety.** We may, and are sometimes required by law, use and disclose your protected health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. **Proof of Immunization.** We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

16. **Specialized Government Functions.** We may disclose your protected health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. **Workers’ Compensation.** We may disclose your protected health information as necessary to comply with workers’ compensation laws. For example, to the extent your care is covered by workers’ compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers’ compensation insurer.
18. **Research.** We may use or disclose your protected health information to researchers conducting research, but only if your written authorization is not required as approved by an Institutional Review Board or privacy board in compliance with governing law, or if you have given us authorization.

19. **Fundraising.** Unless you have instructed us otherwise, we may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status in order to contact you for our fundraising activities. If we contact you about raising funds, we will inform you of our fundraising intentions in contacting you and your right to opt out of receiving such communications. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices 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.

B. **When This Medical Practice May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose your protected health information without your written authorization. If you do authorize this medical practice to use or disclose your protected health information for another purpose, you may revoke your authorization in writing at any time.

1. **Sale of Health Information.** We will not sell your protected health information without your prior written authorization. The authorization will disclose that we will receive compensation for your protected health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

2. **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: (1) your treatment, (2) for training our staff, students and other trainees, (3) to defend ourselves if you sue us or bring some other legal proceeding, (4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, (5) in response to health oversight activities concerning your psychotherapist, (6) to avert a serious threat to health or safety, or (7) to the coroner or medical examiner after you die.

3. **Marketing.** We will not use or disclose your protected health information for a purpose that encourages you to purchase or use a product or service without your prior written authorization, except for certain limited circumstances, such as face-to-face communications or promotional gifts of nominal value.
C. Your Protected Health Information Rights

You have the following rights with respect to your protected health information. These rights are subject to certain limitations, as discussed below. This section of the Notice of Privacy Practices describes how you may exercise each individual right. You can contact the Privacy Officer listed above if you would like to obtain the applicable request form.

Note about Personal Representatives: Parents and guardians will generally have the right to control the privacy of protected health information about minors unless the minors are permitted by law to act on their own behalf. If, under applicable law, a parent, guardian, or other person has the authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain protected health information. If, under applicable law, a person has the authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain protected health information.

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your protected health information by a written request to the Privacy Officer specifying what information you want to limit, how you want to restrict the information (for example, restricting use to this office, restricting disclosure only to persons outside the office, or both), and to whom you want these restrictions to apply. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. **Right to Request Confidential Communications.** You have the right to request that you receive your protected health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy.** You have the right to inspect and copy your protected health information, with limited exceptions. To access your protected health medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable. If the information you requested is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you requested if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to
come to an agreement on a form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. You may also request that we transmit your electronic protected health information that is contained in a designated record set directly to another person. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and California law. We may deny your request, in whole or in part, under limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorneys’ fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

4. **Right to Amend or Supplement.** You have a right to request that we amend your protected health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your protected health information, and will provide you with information about this medical practice’s denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. You also have the right to request that we add to your record a statement of up to 250 words concerning anything in the record you believe to be incomplete or incorrect. All information related to any request to amend or supplement will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your protected health information made by this medical practice for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to the listed Privacy Officer. The request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of
providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. **Right to Obtain a Paper Copy of Notice.** You have a right to notice of our legal duties and privacy practices with respect to your protected health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.

7. **Right to Complain.** You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you. Filing a complaint will not affect the quality of the services you receive from us and you will not be retaliated against for filing a complaint.

8. **Right to Be Notified of Breach.** You have the right to be notified in the event that our medical practice (or one of our business associates) discovers a breach of unsecured protected health information.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

**D. Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice of Privacy Practices. If an amendment is made, we will make the revised Notice of Privacy Practices available at our practice locations and post the Notice of Privacy Practices in a clear and prominent location. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. In addition, you may obtain a copy of this Notice of Privacy Practices at our web site, www.psaoc.org.