 18367 Perkins Road East Baton Rouge, LA 70810

 Tel (225) 636-5437

 Fax (225) 636-5547

Notice of Privacy Practices

**The Pediatric Place, LLC**

**Notice of Privacy Practices**

**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.**

This privacy policy is adopted to ensure that THE PEDIATRIC PLACE, LLC fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protection of patient privacy is of utmost importance to THE PEDIATRIC PLACE, LLC. Violations of any of these provisions will result in disciplinary action which may include termination of employment and possible referral for criminal prosecution.

This policy shall become effective as of January 1, 2013, and shall remain in effect until it is either amended or cancelled. If you have any question or comments concerning this policy, you should contact the Chief Privacy Officer, THE PEDIATRIC PLACE, LLC, 18367 Perkins Road East, Baton Rouge, Louisiana 70810 by mail or by telephone at 225-636-5437.

**DEFINITIONS**

For the purposes of this policy, the following defined terms shall have the following definitions.

1. “**HHS**” shall mean the United States Department of Health and Human Services.
2. “**Health Information**” or “**Protected Health Information**” shall mean, certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the Privacy Standards.

**I. Information Collected**

In the ordinary course of business THE PEDIATRIC PLACE, LLC may receive personal information such as:

* Patient’s name, address, and telephone number;
* Information relating to treatment, diagnostic or other medical information concerning a patient;
* Patient’s insurance information and coverage.

In addition, other information will be gathered about a patient and we will create a record of the care and/or services provided to the patient by THE PEDIATRIC PLACE, LLC. Some of the information also may be provided to us by other individuals or organizations that are part of the patient’s “circle of care” – such as referring physician, other physicians, their health plan and family members, hospitals or other health care providers.

**II. How THE PEDIATRIC PLACE, LLC Will Use or Disclose Your Protected Health Information**

THE PEDIATRIC PLACE, LLC collects Protected Health Information from you and stores in on a computer or in a paper chart. This is your medical record. The medical record is the property of THE PEDIATRIC PLACE, LLC, but the information in the medical record belongs to you. THE PEDIATRIC PLACE, LLC protects the privacy of your Protected Health Information. It is the policy of THE PEDIATRIC PLACE, LLC that all Protected Health Information may not be used or disclosed unless it meets one of the following conditions:

1) The patient who is the subject of the information has consented to the use or disclosure and the use or disclosure is for the treatment, payment or health care operations.

 a) Treatment – THE PEDIATRIC PLACE, LLC collections information from you regarding your past medical history, present medical problems and/or complaints, as well as any diagnose and/or treatment at THE PEDIATRIC PLACE, LLC. This information may be transmitted to various departments within our organization, your referring physician and any other entities associated or involved in your treatment. This information may also be disclosed to your physicians or your primary care physician in association with your treatment.

 b) Payment – THE PEDIATRIC PLACE, LLC will collect billing information from you such as your present address, social security number, date of birth, health insurance carrier, policy number and other related billing information. THE PEDIATRIC PLACE, LLC may disclose to your health insurance provider, or any other payer of health care claims the minimum amount necessary of your patient health care information in order to process your health insurance claim.

 c) Regular Health Care Operations – THE PEDIATRIC PLACE, LLC will disclose your healthcare information to our physicians, medical assistants, nurses, billing clerks, administrative staff and other employees involved in your healthcare treatment.

2) The patient who is the subject of the information has authorized the use or disclosure of the information; or

3) The patient who is the subject of the information does not object to the disclosure and the disclosure is to persons involved in the health care of the individual or for facility directory purposes.

 a) Notification and Communication with Family – We may 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. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. 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.

4. Voice Mail Message – It is the policy of THE PEDIATRIC PLACE, LLC that a voice mail or answering machine message may be left at a patient’s home other number the patient provides THE PEDIATRIC PLACE, LLC regarding appointments, billing or payment issues, or other PHI, related to treatment, payment or health care operations.

5. As Required by Law – It is the policy of THE PEDIATRIC PLACE, LLC that we may use and disclose your Protected Health Information as required by law.

a) Public Health – As required by law, we may disclose your Protected Health Information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child 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.

 b) Health Oversight Activities – We may disclose your Protected Health Information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

 c) Judicial and Administrative Proceedings – We may disclose your Protected Health Information in the course of any administrative or judicial proceeding.

 d) Law Enforcement – We may 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 or subpoena, and/or for other law enforcement purposes.

 e) Deceased Person Information – We may disclose your Protected Health Information to coroners, medical examiners and funeral directors.

 f) Organ Donation – We may disclose your Protected Health Information to organizations involved in procuring, banking or transplanting organs and tissues.

 g) Research – We may disclose your Protected Health Information to researchers conducting research that has been approved by an Institutional Review Board or THE PEDIATRIC PLACE, LLC’s Board of Directors.

 h) Public Safety – We may disclose your Protected Health Information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

 i) Specialized Government Functions – We may disclose your Protected Health Information for military, national security, prisoner purposes.

 j) Worker’s Compensation – We may disclose your Protected Health Information as necessary to comply with worker’s compensation laws.

 k) Marketing – We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

 l) Change of Ownership – In the event that THE PEDIATRIC PLACE, LLC is sold or merges with another organization, your Protected Health Information/record will become the property of the new owner.

**III. OTHER PLICIES, USES AND DISCLOSURES**

1. Notice of Privacy Practices – It is the policy of THE PEDIATRIC PLACE, LLC that privacy practices must be published and that all uses and disclosures of Protected Health Information are done in accordance with THE PEDIATRIC PLACE, LLC’s privacy policy.

2. Deceased Individuals – It is the policy of THE PEDIATRIC PLACE, LLC that privacy protections extend to information concerning deceased individuals.

3. Restriction Requests – It is the policy of THE PEDIATRIC PLACE, LLC that serious consideration must be given to all requests for restrictions on uses and disclosures of Protected Health Information as published in this privacy policy. You have the right to request restrictions on certain uses and disclosures of your Protected Health Information. THE PEDIATRIC PLACE, LLC is not required to agree to the restriction that you requested. If a particular restriction is agreed to, THE PEDIATRIC PLACE, LLC is bound by that restriction.

4. Minimum Necessary Disclosure – It is the policy of THE PEDIATRIC PLACE, LLC that it shall make reasonable efforts to limit the disclosure to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of THE PEDIATRIC PLACE, LLC that all requests for Protected Health Information must be limited to the minimum amount of information needed to accomplish the purpose of the request.

5. Access to Information – It is the policy of THE PEDIATRIC PLACE, LLC that you have the right to inspect and copy your Protected Health Information must be granted to a patient when such access is requested. Such request shall be submitted in writing by completing THE PEDIATRIC PLACE, LLC’s request form entitled “Request for Inspection and/or Copy of Protected Health Information”. Costs associated with the copying of any Protected Health Information shall be in accordance with applicable state and federal law.

6. Designation of Personal Representative – It is the policy of THE PEDATRIC PLACE, LLC that access to Protected Health Information must be granted to your designated personal representative as specified by you when such access is requested. This designation of a personal representative must be made in writing by completing THE PEDIATRIC PLACE, LLC’s form entitled “Designation of Personal Representative”.

7. Confidential Communications Channels – It is the policy of THE PEDIATRIC PLACE, LLC that you have the right to receive your Protected Health Information through a reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of THE PEDIATRIC PLACE, LLC, (i.e. do not call me at work, call me at home) as requested by you. Such request shall be made in writing by completing THE PEDIATRIC PLACE, LLC’s form entitled “Confidential Channel Communication Request”.

8. Amendment of Incomplete or Incorrect Protected Health Information – It is the policy of THE PEDIATRIC PLACE, LLC that you have a right to request that THE PEDIATRIC PLACE, LLC amend your Protected Health Information that is incorrect or incomplete. THE PEDIATRIC PLACE, LLC is not required to change your protected to change your Protected Health Information and will provide you with information about THE PEDIATRIC PLACE, LLC’s denial and how you can disagree with the denial. A request to amend your Protected Health Information shall be made in writing by completing THE PEDIATRIC PLACE, LLC’s form entitled “Request for Amendment of Health Care Information”.

9. Accounting of Disclosures – It is the policy of THE PEDATRIC PLACE, LLC that an accounting of disclosures of Protected Health Information made by THE PEDATRIC PLACE, LLC is given to you whenever such an accounting is requested in writing. You have a right to receive an accounting of disclosures of your Protected Health Information made by THE PEDIATRIC PLACE, LLC, except that THE PEDIATRIC PLACE, LLC does not have to account for the disclosures described in Section II (1 – a,b,c), of this Notice of Privacy Practices. Such written request for an accounting shall be made by completing THE PEDATRIC PLACE, LLC’s form entitled “Request for Accounting of Disclosures”.

10. Complaints – It is the policy of THE PEDIATRIC PLACE, LLC that all complaints by employees, patients, providers or other entities relating to Protected Health Information by investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how THE PEDIATRIC PLACE, LLC handles your Protected Health Information should be directed to:

Chief Privacy Officer

The Pediatric Place, LLC

18367 Perkins Road East

Baton Rouge, LA 70810

225-636-5437

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services

Office of Civil Rights

Hubert H. Humphrey Bldg.

200 Independence Avenue, S.W.

Room 509F HHH Building

Washington, DC 20201

11. Prohibited Activities – It is the policy of THE PEDIATRIC PLACE, LLC that no employee may engage in any intimidating or retaliatory acts or actions against any person who files a complaint or otherwise exercises their rights under HIPAA regulations. It is also the policy of THE PEDIATRIC PLACE, LLC that no disclosure of Protected Health Information will be withheld as a condition for payment for services from the patient or from an entity.

12. Responsibility – It is the policy of THE PEDIATRIC PLACE, LLC that the responsibility for designing and implementing procedures related to this policy lies with the Chief Privacy Officer.