

**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.**

**Understanding Your Medical Health Record Information**

Each time that you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to—

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

**Your Rights under the Federal Privacy Standard**

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. “Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.
- Obtain a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
  - Psychotherapy notes.
  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
  - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
  - Information that is copyright protected, such as certain raw data obtained from testing.In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
  - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
  - The records are not available to you as discussed immediately above.
  - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations under certain circumstances, primarily if we maintain an electronic health record. We do not need to provide an accounting for the following disclosures:
  - To you for disclosures of protected health information to you.
  - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
  - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
  - To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
  - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
- If we maintain your health information in an electronic format, you have the right to a copy in an electronic format unless one of the exceptions discussed above, applies.

### **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.

- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Under some circumstances, notify you of any breach of the privacy or security of your health information.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures *not described in this notice* will be made only with your written authorization.

## **Examples of Disclosures for Treatment, Payment, and Health Care Operations**

### **• We may use your health information for treatment.**

Example: A physician, a physician's assistant, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions that they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other health care professionals, or a subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you. Note that some health information, such as substance abuse treatment information may not be used or disclosed without your consent.

### **• We will use your health information for payment.**

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. Note that some health information, such as substance abuse treatment information may not be used or disclosed without your consent.

### **• We will use your health information for health care operations.**

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide. Note that some health information, such as substance abuse treatment information may not be used or disclosed without your consent.

**Business associates:** We provide some services through contracts with business associate. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition.

**Communication with family:** Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Marketing/continuity of care:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for other products or services, you have the right to opt-out of receiving such communications. Contact the privacy officer at at phone number 662-329-2955. Because of sheer volume or appropriateness, CHCC may not respond to every social media posting, especially those that address individual medical issues. If we receive compensation from another entity for the marketing, we must obtain your signed authorization.

- **Food and Drug Administration (“FDA”):** We may disclose to the FDA health information relative to adverse effects/ events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Correctional institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Health oversight agencies and public health authorities:** If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- **The federal Department of Health and Human Services (“DHHS”):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

If you believe that we have violated the security and/or confidentiality of your health information or that we have not afforded you your rights as specified above, you may complain to the Privacy Officer by filling out the complaint form available from the Privacy Officer. If you are not satisfied with our action on your complaint you may complain directly to the Office for Civil Rights of the Department of Health and Human Services. The Privacy Officer will provide you with the information how to make such a complaint. We will not take any action to retaliate against you if you make a complaint.

**You will not be penalized or otherwise retaliated against for filing a complaint.**

Children’s Health Center of Columbus, Inc.  
Attn: Sabrina McDow  
114 North Lehmberg Road  
Columbus, MS 39702

*This notice has been effective since October 1, 2013*

## WELCOME TO OUR CLINIC!

We are so happy you chose us to care for your child(ren) during the years ahead. In order to provide the best possible care for you and all of our patients, there are a few basic rules we ask you to follow.

- 1. Please Respect Our Staff.** We understand it is not easy taking care of a sick child and we want to make your time here as easy and short as possible. In order to do so we ask you to please not yell, scream, use bad language, or threaten our staff.
  - If there is a problem, we encourage you to ask for a manager. We want to give our patient the highest quality care we can so we need to know of any trouble. If a staff member was particularly helpful to you, please let management know. We want to encourage staff to go above and beyond.
- 2. Please respect those around you.** We enjoy the different cultures and backgrounds our patients and their families come from. Please be aware of your language while at our clinic. We ask no cursing, degrading, threatening, foul, or disrespectful language be used. We care for all the children that come to us and we wish to promote a safe and caring environment.
- 3. No food or drink inside the building.** It is wonderful we are so conveniently located next to places to eat. However, some of our patients come to us with stomach or other problems that may become worse with the smell or sight of food and drink. We also try to keep our clinic free of bugs by keeping our carpets free of food and drink stains. Please help keep our clinic clean.
- 4. No cellphones or video recording in exam rooms.** We want to maintain the utmost patient privacy and ask that you do not videotape or record your visits with us. Also, our office asks that you do not use your cell phone because there is certain equipment that does not work well when cell phones are in use. We want to provide the highest care for all our children. It may be your child that needs the equipment. Please do not videotape or record your visit with us.
- 5. You may be discharged from our clinic if...** Unfortunately, there are time when we must ask a patient, family, or family member to not visit our practice anymore. At these times we give the patient(s) a 30 day notice to find another doctor. Listed below are taken from our clinic's policy on discharging a patient: (1) providing false information concerning treatment, previous or current providers, payment options or any information that may cause fraudulent claims or endanger CHCC; (2) Any patient or "guarantor" whose actions are violent, harmful, or influenced by drugs and/or alcohol; and (3) Any patient or "guarantor" who is hostile or aggressive such as yelling, screaming, or cursing that refuses to calm down after given a verbal warning.

## CHILDREN'S CENTER OF COLUMBUS, INC. REVIEW OF CLINIC POLICIES

- \* You won't be guaranteed your appointment if you are more than 15 minutes late or have not called to let us know you will be late. If this happens, you will be asked to reschedule your appointment.
- \* If a patient misses three (3) appointments without calling to reschedule or cancel, you are at risk of being dismissed from the clinic.
- \* CHCC reserves the right to discharge a patient and all of their siblings at any time with or without cause. We will send a 30 day notice of discharge should this happen.
- \* School/Work excuses and receipts need to be requested at the date of your visit. CHCC will not issue excuses or receipts for post illnesses or visits.
- \* Request for refills on medications need to be called 24 hours in advance.
- \* You will receive a free shot record at your child's yearly screening, if a shot record is requested outside of the yearly screening they are \$10.00 per patient and a two (2) to three (3) day wait.
- \* \$40.00 Returned Check Fee. Once a check has been returned to CHCC for insufficient funds, the only accepted form of payment is by cash or debit/credit card.
- \* I authorize CHCC to bill my insurance company and for them to pay CHCC directly any benefits I am entitled.
- \* I will accept full financial responsibility if my child's insurance is not active in two (2) months from their first visit.
- \* \$30.00 Overdue Balance Fee will be added once the third statement has been mailed. Patient visits and all of their siblings will be suspended until the entire balance is paid in full.
- \* The parent/ guardian will be responsible for the patient's bill if the insurance company doesn't pay in four (4) months. If they pay after four (4) months, one can request a refund.
- \* If the insurance company pays only a partial amount, the parent/guardian will be responsible for any remaining amount.
- \* At the age of 20, we encourage our patients to seek an adult physician. CHCC only sees patients until age 21.
- \* I consent to examination and treatment by the personnel at CHCC for my child or other dependents. This will remain in effect from this date forward unless "written" revocation of such is duly presented.
- \* I understand that I have the right to question and/or refuse any proposed treatments.
- \* Legal documentation is required for proof of guardianship if the guardian of the patient is not the biological parent.
- \* A patient's medical records are available to both biological parents unless there is legal documentation stating otherwise. An exception to this is if the law requires the treatment, such as immunizations to attend school.
- \* Should a parent/guardian request a patient's medical records, you will be charged \$1.00 per page printed.
- \* If there is no response from a patient that has been called three (3) times by reception, checkout, or triage it will be assumed the patient has left the clinic.
- \* Patients of N\*Focus ADHD Clinic need to be aware that the primary guardian or parent must bring their child in for every ADHD visit.
- \* Letter requests from a patient's provider will need 24 hours advance notice.