



PRIVACY POLICY STATEMENT

Purpose: The following privacy policy is adopted to ensure that this Physician Practice complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to this organization. Violations of any of these provisions will result in severe disciplinary action including termination of employment and possible referral for criminal prosecution.

Effective Date: This policy is in effect immediately consistent with the enactment of applicable laws and regulations as of September 23, 2013. It is the policy of this Physician Practice that we will adopt, maintain and comply with our Notice of Privacy Practices, which shall be consistent with HIPAA and Texas law.

Notice of Privacy Practices

It is the policy of this Physician Practice that a notice of privacy practices must be published, that this notice be provided to all subject individuals at the first patient encounter if possible, and that all uses and disclosures of protected health information be done in accord with this organization's notice of privacy practices. It is the policy of this Physician Practice to post the most current notice of privacy practices in our "waiting room" area, and to have copies available for distribution at our reception desk.

Assigning Privacy and Security Responsibilities

It is the policy of this Physician Practice that specific individual(s) within our workforce are assigned the responsibility of implementing and maintaining the HIPAA Privacy and Security Rules' requirements. Furthermore, it is the policy of this Physician Practice that these individual(s) will be provided sufficient

resources and authority to fulfill their responsibilities. At a minimum it is the policy of this Physician Practice that there will be one individual designated as the Privacy Officer.

Deceased Individuals

It is the policy of this Physician Practice that privacy protections extend to information concerning deceased individuals.

Minimum Necessary Use and Disclosure of Protected Health Information

It is the policy of this Physician Practice that for all routine and recurring uses and disclosures of protected health information (PHI), except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the patient or 3) as required by law for HIPAA compliance, such uses and disclosures of PHI must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also the policy of this Physician Practice that non-routine uses and disclosures will be handled pursuant to established criteria. It is also the policy of this organization that all requests for PHI (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request, and where practicable, to the limited data set.

Marketing Activities

It is the policy of this Physician Practice that any uses or disclosures of protected health information for marketing activities will be done only after a valid authorization is in effect except as permitted by law. It is the policy of this organization to consider any communication intended to induce the purchase or use of a product or service where an arrangement exists with a third party for such inducement in exchange for direct or indirect remuneration, or where this organization encourages purchase or use of a product or service directly to patients to constitute "marketing". This organization does not consider the communication of alternate forms of treatment, or the use of products and services in treatment, or a face-to-face communication made by us to the patient, or a promotional gift of nominal value given to the patient to be marketing, unless direct or indirect remuneration is received from a third party. Similarly, this organization does not consider communication to our patients who are health plan

enrollees in conjunction with our provision, coordination, or management of their health care and related services, including our coordination or management of their health care with a third party, our consultation with other health care providers relating to their care, or if we refer them for health care to be marketing, but only to the extent these communications describe: 1) a provider's participation in the health plan's network, 2) the extent of their covered benefits, or 3) concerning the availability of more cost-effective pharmaceuticals. This organization may make remunerated communications tailored to individual patients with chronic and seriously debilitating or life-threatening conditions provided we are making the communication in conjunction with our provision, coordination, or management of their health care and related services, including our coordination or management of their health care with a third party, our consultation with other health care providers relating to their care, or if we refer them for health care. If we makes these types of communications to patients who have a chronic and seriously debilitating or life-threatening condition, we will disclose in at least 14-point type the fact that the communication is remunerated, the name of the party remunerating us, and the fact the patient may opt out of future remunerated communications by calling a toll-free number. This organization will stop any further remunerated communications within 30 days of receiving an opt-out request.

Mental Health Records

It is the policy of this Physician Practice to require an authorization for any use or disclosure of psychotherapy notes, as defined in the HIPAA regulations, except for treatment, payment or health care operations as follows:

- A. Use by originator for treatment;
- B. Use for training physicians or other mental health professionals as authorized by the regulations;
- C. Use or disclosure in defense of a legal action brought by the individual whose records are at issue; and
- D. Use or disclosures as required by law, or as authorized by law to enable health oversight agencies to oversee the originator of the psychotherapy notes.

Adolescent Confidentiality

It is the policy of this Physician Practice that we adhere to Texas State Law in regards to adolescent privacy issues.

Complaints

It is the policy of this Physician Practice that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. Furthermore, it is the policy of this Physician Practice that all complaints will be addressed to Dr. Yasmine Monib, our Privacy Officer, who is duly authorized to investigate complaints and implement resolutions if the complaint stems from a valid area of non-compliance with the HIPAA Privacy or Security Rule.

Prohibited Activities-No Retaliation or Intimidation

It is the policy of this Physician Practice that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of this organization that no employee or contractor may condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose protected health information except as expressly authorized under the regulations.

Responsibility

It is the policy of this Physician Practice that the responsibility for designing and implementing procedures to implement this policy lies with the Privacy Officer.

Verification of Identity

It is the policy of this Physician Practice that the identity of all persons who request access to protected health information be verified before such access is granted.

Mitigation

It is the policy of this Physician Practice that the effects of any unauthorized use or disclosure of protected health information be mitigated to the extent possible.

Safeguards

It is the policy of this Physician Practice that appropriate safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically and administrative protection of PHI. These safeguards will extend to the oral communication of PHI. These safeguards will extend to PHI that is removed from this organization.

Business Associates

It is the policy of this Physician Practice that business associates must comply with the HIPAA Privacy and Security Rules to the same extent as this Physician Practice, and that they be contractually bound to protect health information to the same degree as set forth in this policy pursuant to a written business associate agreement. It is also the policy of this organization that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate, or if that is not feasible, by notification of the HHS Secretary. Finally, it is the policy of this organization that organizations that transmit PHI to this Physician Practice or any of its business associates and require access on a routine basis to such PHI, including a supported internally and that members of our workforce will not be retaliated against for cooperation with any authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible. Health Information Exchange Organization, a Regional Health Information Organization, or an E-prescribing Gateway, PCC Pediatric EHR Solutions and other Personal Health Record vendors, may be business associates of this Physician Practice.

Training and Awareness

It is the policy of this Physician Practice that all members of our workforce have been trained on the policies and procedures governing protected health information and how this Physician Practice complies with the HIPAA Privacy and Security Rules. It is also the policy of this Physician Practice that new members of our workforce receive training on these matters within a reasonable time after they have joined the workforce. It is the policy of this Physician Practice to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of this Physician Practice that training will be documented indicating participants, date and subject matter.

Material Change

It is the policy of this Physician Practice that the term "material change" for the purposes of these policies is any change in our HIPAA compliance activities.

Sanctions

It is the policy of this Physician Practice that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies. Such sanctions will be recorded in the individual's personnel file.

Retention of Records

It is the policy of this Physician Practice that the HIPAA Privacy and Security Rules' records retention requirement of six years will be strictly adhered to. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at this organization's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.

Regulatory Currency

It is the policy of this Physician Practice to remain current in our compliance program with HIPAA regulations.

Cooperation with Privacy Oversight Authorities

It is the policy of this Physician Practice that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy and security compliance reviews and investigations.

Investigation and Enforcement

It is the policy of this Physician Practice that in addition to cooperation with Privacy Oversight Authorities, this Physician Practice will follow procedures to ensure that investigations are supported internally and that members of our workforce will not be retaliated against for cooperation with any authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible.



SECURITY POLICY STATEMENT

Purpose: The following security policy is adopted to ensure that Springtime Pediatrics complies appropriately with applicable federal and state security protection laws and regulations. Protection of electronic protected health information (ePHI) is of great importance to this Physician Practice. Violations of any of these provisions will result in appropriate disciplinary action including possible termination of employment.

Effective Date: This policy is in effect immediately consistent with the enactment of applicable laws and regulations as of September 23, 2013.

Expiration Date: This policy remains in effect until superseded or cancelled.

Assigning Privacy and Security Responsibilities

It is the policy of Springtime Pediatrics that specific individual(s) within our workforce are assigned the responsibility of implementing and maintaining the HIPAA Privacy and Security Rule's requirements. Furthermore, it is the policy of Springtime Pediatrics that these individual(s) will be provided sufficient resources and authority to fulfill their responsibilities.

Risk Analysis

It is the policy of Springtime Pediatrics that a risk analysis has been completed and is periodically updated to assess potential risks and vulnerabilities to the confidentiality, integrity and availability of electronic PHI. It is the policy of Springtime Pediatrics that the risk analysis includes a review of the critical nature of electronic PHI and related applications or business processes with a subsequent ranking or prioritization (criticality analysis).

Risk Management

It is the policy of Springtime Pediatrics that security measures are in place and maintained sufficient to reduce risks and vulnerabilities to reasonably appropriate level to:

- 1) Ensure the confidentiality, integrity and availability of all electronic PHI that this Physician Practice creates, maintains, stores, or transmits;
- 2) Protect against any reasonably anticipated threats or hazards to the security or integrity of electronic PHI;
- 3) Protect against any reasonably anticipated uses or disclosures of electronic PHI that is not permitted by HIPAA or applicable state law; and
- 4) Ensures that all members of the workforce are aware of these requirements and comply with them.

Sanctions

It is the policy of Springtime Pediatrics that sanctions will be applied to workforce members who fail to comply with the security policies and procedures.

Information System Activity Review

It is the policy of Springtime Pediatrics that information system activity records are regularly reviewed such as security incident tracking reports.

Supervision

It is the policy of Springtime Pediatrics that an authorized, knowledgeable person must supervise maintenance personnel whenever work is being done on a system that contains or processes electronic PHI. It is also the policy of this Physician Practice that access authorization for maintenance personnel must be set appropriately for the jobs assigned to each.

Personnel Clearance

It is the policy of Springtime Pediatrics that personnel be cleared before access to electronic PHI is allowed.

Personnel and Workforce Termination

It is the policy of Springtime Pediatrics that personnel and workforce will have all access to electronic PHI terminated as soon as practicable after they are terminated. This will include physical access to our facility as well as technical access.

Training and Awareness

It is the policy of Springtime Pediatrics that all employees and contractors receive training in security awareness and in the security procedures to be followed during the performance of their duties. It is the policy of Springtime Pediatrics that periodic reminders and training will be provided to the workforce.

Protection from Malicious Software

It is the policy of Springtime Pediatrics that it will implement and maintain procedures for detecting, reporting and guarding against malicious software. It is the policy of Springtime Pediatrics that all members of the workforce will be periodically reminded and trained regarding this policy. While using Springtime Pediatrics' email or computer devices, all employees will protect against viruses and malicious codes by: (a) Never opening or downloading any files attached to an email from an unknown or suspicious source; (b) Deleting spam and other junk email as soon as practicable; and (c) Contacting the Privacy Officer immediately if an employee suspects a virus or other suspicious activity.

Log in Monitoring

It is the policy of Springtime Pediatrics that log in attempts and discrepancies will be monitored to the extent practicable.

Password Management

It is the policy of Springtime Pediatrics that a written procedure will be followed to create and assign passwords, which will include periodic changing and safeguarding of passwords. All employees are prohibited from sharing their passwords and each employee must ensure that others cannot learn his/her password. Passwords must not be stored where it may be easily accessible by others.

Security Incident Policy

It is the policy of Springtime Pediatrics that all security incidents (suspected or actual) will be identified and an appropriate response developed, including but not limited to documentation in writing. Any harmful effects or violations will be mitigated to the extent practicable. All responses and follow up actions will be documented.

Breach Notification Policy

It is the policy of Springtime Pediatrics that upon discovery of an actual or suspected breach of unsecured protected health information, this Physician Practice will follow all standards and implementation specifications to investigate the breach. This includes conducting an internal risk assessment to determine if a breach has occurred, and to assess if the breach compromises the security

or privacy of the protected health information (is a violation of the HIPAA Privacy Rule) and poses significant risk of financial, reputational, or other harm to the individual. Based on this internal risk assessment and determination that the breach is not an excepted circumstance, this Physician Practice will provide prompt notification (and in no case delay the notification beyond time periods allowed by law) to affected individuals; based on the number of affected individuals and other breach characteristics this Physician Practice will (where applicable) also post notification on its website, maintain a toll free number for inquiries and questions, notify prominent media and notify the Secretary of the Department of Health and Human Services. All notifications will be made in plain language and with content as required by law. This Physician Practice will maintain documentation of all investigation and documentation of breaches. This Physician Practice will revise and maintain procedures and agreements with its business associates consistent with this Breach policy and sufficient to contractually require prompt investigation, notification and cooperation by the business associate. This Physician Practice will maintain workforce training, sanctions, and whistleblower protections related to this Breach policy. This Physician Practice will remediate any gaps in compliance and systems to secure PHI as soon as practical after these are discovered. This Physician Practice will ensure that all Breach notification requirements mandated by State law are also followed.

Contingency Plans

It is the policy of Springtime Pediatrics that a contingency plan is in place and maintained. The contingency plan includes procedures for data backup, disaster recovery including restoration of data, and emergency mode operations. It is the policy of this Physician Practice that the contingency plan includes a procedure to allow facility access in support of restoration of lost data and to support emergency mode operations in the event of an emergency. It is the policy of this Physician Practice that access control will include procedures for emergency access to electronic PHI.

Testing

It is the policy of Springtime Pediatrics that all security controls and measures in place be periodically tested to ensure proper functioning. It is also the policy of this Physician Practice that all procedures adopted to protect the confidentiality, integrity and availability of information and information services be tested to ensure that important security considerations have not been overlooked. It is also the policy of this Physician Practice that contingency plans and related measures will be periodically tested to ensure proper functioning and to maintain readiness in the event of a contingency.

Evaluation

It is the policy of Springtime Pediatrics that a periodic technical and non-technical evaluation will be conducted to audit the effectiveness of the security controls and measures in place in consideration of environmental or operational changes.

Audit

It is the policy of Springtime Pediatrics that audit controls are in place to record and examine the activity of all information systems that contain or use electronic PHI. This Physician Practice will maintain procedures to protect electronic PHI from improper alteration or destruction and to routinely authenticate that electronic PHI retains its integrity (including but not limited to version control, read only privileges).

Authentication

It is the policy of Springtime Pediatrics that all information system users be authenticated before access to information processing resources is allowed. Specifically, each user must have his or her own system account, and passwords must never be shared.

Authorization and Termination

It is the policy of Springtime Pediatrics that authority to access electronic PHI be granted or supervision be provided to users who will work with electronic PHI. When these users no longer require their access or are terminated, all authorization will cease including the revocation and deletion of passwords, user ID's and system privileges.

Access to Protected Health Information

It is the policy of Springtime Pediatrics that all access control mechanisms must be configured to allow access only to the information and information processing functions needed by each employee or contractor to perform their assigned duties. It is also the policy of this Physician Practice that proper procedures must be followed whenever access to health information is authorized, established or modified and that records of access authorizations must be maintained. Access will be granted and maintained to the extent possible at a system level, role or job function (and application software) level, and workstation or device level. It is the policy of this Physician Practice that access control will include unique name/and or numbers to identify and track user identity. It is the policy of this Physician Practice that access controls will include automatic log offs for unattended computer sessions and, as appropriate, applicable encryption of electronic PHI (including system level encryption for stored data, and stored data on other devices such as workstations, portable devices and backup media). It is the policy of this Physician Practice that appropriate password protection will be implemented. It is the policy of this Physician Practice that emergency access will be maintained by relying on a backup list of user IDs and passwords.

Device and Media Access Control

It is the policy of Springtime Pediatrics that reusable media, such as tapes, zip disks or diskettes, or hardware that contains electronic PHI must be securely erased or otherwise destroyed before being discarded to prevent unauthorized access to electronic PHI. This policy extends to media that will be reused by another party. It is the policy of this Physician Practice to safeguard and account for the receipt and removal of all hardware and media containing electronic PHI. It is the policy of this Physician Practice to backup devices that contain critical electronic PHI or applications prior to their relocation as appropriate.

Physical Access Control

It is the policy of Springtime Pediatrics to limit physical access to electronic information systems (including diagnostic equipment that maintains electronic PHI) to those properly authorized. It is also the policy of this Physician Practice that appropriate safeguards are in place to protect these systems and the electronic PHI they contain from tampering, theft or destruction. It is the policy of this Physician Practice that visitors sign in and are verified and monitored. It is the policy of this Physician Practice to review and supervise any repairs or modifications to the facility that could compromise security.

Workstation Use Guidelines

It is the policy of Springtime Pediatrics that workstations be positioned in such a manner as to avoid accidental, unauthorized exposure of health information. It is the policy of this Physician Practice that displays be locked when unattended. It is the policy of this Physician Practice that access to workstations is restricted to authorized users. This workstation policy extends to desktop computers, laptop computers, PDA's, electronic diagnostic equipment and all storage media connected or stored in the immediate environment. Users of mobile devices must protect against inadvertent and unauthorized disclosure of electronic PHI through the device. Particular care is needed when traveling and at home to protect and secure such devices.

Secure Data Transmission

It is the policy of Springtime Pediatrics that data communications that contain electronic PHI must be encrypted or transmitted using a secure transmission protocol if they traverse public networks such as the Internet. It is also the policy of this Physician Practice that all data transmission methods must incorporate data integrity and authentication controls. Any transmission of data using mobile devices must be done through secure transmission protocol.

Configuration Management

It is the policy of this Springtime Pediatrics that proper procedures be followed for the installation or removal of all hardware devices or software programs. It is also the policy of this Physician Practice that

the hardware/software inventory must be kept current and that the configuration must be documented in sufficient detail to be rebuilt in the case of an emergency.

Business Associates

It is the policy of this Physician Practice that business associates must comply with the HIPAA Privacy and Security Rules to the same extent as this Physician Practice, and that they be contractually bound to protect health information to the same degree as set forth in this policy pursuant to a written business associate agreement. It is also the policy of this organization that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate, or if that is not feasible, by notification of the HHS Secretary. Finally, it is the policy of this organization that organizations that transmit PHI to this Physician Practice or any of its business associates and require access on a routine basis to such PHI, including a Health Information Exchange Organization, a Regional Health Information Organization, or an E-prescribing Gateway, and Personal Health Record vendors, may be business associates of this Physician Practice.

S.B.1386 and A.B.1298 Compliance

It is the policy of Springtime Pediatrics that it will comply with state laws regulating the response to any breach of unencrypted information that could be used for identity theft or other malicious activities.

Document Retention, Availability and Currency

It is the policy of Springtime Pediatrics that these policies and all related procedures be retained for 6 years from the date of its creation or the date when it was last in effect, whichever is later. It is also the policy of this Physician Practice to make this documentation available to those persons responsible for implementing the related procedures and that this documentation and policy will be kept current in response to relevant environmental or operational changes or changes in law.

Investigation and Enforcement

It is the policy of Springtime Pediatrics that in addition to cooperation with Security Oversight Authorities, this Physician Practice will follow procedures to ensure that investigations are supported internally and that members of our workforce will not be retaliated against for cooperation with any authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible.

Personal Internet Accounts

It is the policy of Springtime Pediatrics that all employees are prohibited from using any personal email accounts and internet connections, including but not limited to instant messaging, Facebook or Twitter, for communicating messages containing PHI.