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Dear client:

Enclosed you will find our Notice of Privacy Practices which describes your health information privacy rights. We encourage you to thoroughly review this document and become familiar with how your personal health information will be used and safeguarded, as well as your rights regarding the protection of your personal data. The information in this Notice is effective April 14, 2003.

This notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights, as required by law. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

We know that you are required to complete many forms in the process of visiting our office. Please bear with us as we complete this process which is required by law.

Thank you,

Andrea V. Hill, MD

Monroe Pediatrics, Inc.
Notice of Privacy Practices

Effective April 14, 2003

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.

About Us

In this notice, we use terms like “we,” “us,” or “our” to refer to Monroe Pediatrics, Inc. This notice applies to Monroe Pediatrics, Inc. and its participating physicians, physicians who provide call coverage for Monroe Pediatrics, Inc., and the billing company utilized by Monroe Pediatrics, Inc. This notice also applies to our website (www.monroepediatrics.net). We share your protected health information among us to provide you with health care services, to treat you, to pay for your care, and to conduct our business operations (e.g., quality assurance, compliance, and utilization review).

What is “Protected Health Information” or “PHI”

“Protected health information,” or “PHI” for short, is information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are. If you are an employee of our participating physician’s office, PHI does not include your health information in your personnel file.

Purpose of this Notice

In the course of doing business, we obtain PHI about our patients. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This notice describes our privacy practices and how we protect the confidentiality of your PHI. We are obligated to maintain the privacy of your PHI through reasonable and appropriate safeguards. We are also obligated to explain to you by this notice about our legal obligations to maintain the privacy of you PHI. We must follow our notice that is currently in effect.

How We Protect Your PHI

We restrict access to your PHI to those employees who need access in order to provide services to our members. We have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure.

Types of Use and Disclosure of PHI We May Make Without Your Authorization

Treatment; Payment; Health Care Operations

Federal and state law allows us to use and disclose you PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you. For example, we may use your PHI to authorize referrals to specialists. We may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you. We will also use you PHI as necessary to provide health care to you. If, in the course of providing you with health care, it becomes

necessary to disclose your PHI with a business associate (either for performance of certain business functions or to provide health care to you) the business associate must agree to safeguard your PHI as required by law. We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law – In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons;
2. For public health activities – Such as reports about communicable diseases, defective medical devices to the FDA or work-related health issues;
3. Reports about child and other types of abuse or neglect, or domestic violence;
4. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
5. For lawsuits and other legal disputes – In connection with court proceedings or proceedings before administrative agencies, or to defend us in a legal dispute;
6. For law enforcement purposes – Such as responding to a warrant, or reporting a crime;
7. Reports to coroners, medical examiners, or funeral directors – To assist them in performance of their legal duties;
8. For tissue or organ donations – To organ procurement or transplant organizations to assist them;
9. For research – To medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI;
10. To avert a serious threat to the health or safety of you or other members of the public;
11. For national security and intelligence/military activities
12. In connection with services provided under workers' compensation laws.

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. We may also notify disaster relief organizations to assist them with their relief efforts.

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

Authorizations

All other uses and disclosures of your PHI must be made with your written authorization. Authorization forms may be obtained in our office. In addition, you may revoke or modify your authorization at any time by writing to us at the following address:

Monroe Pediatrics, Inc.
PO Box 748
Monroe, Georgia 30655

Please note that the modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

Your Rights Regarding your PHI

Access to Your PHI

You have the right to review and copy your PHI we maintain. If you wish to access and or receive a copy of your PHI, please notify us in writing. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law.

Right to Amend Your PHI

You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. Your amended PHI will also be available for your review upon request.

Right to Receive an Accounting of Disclosures of Your PHI

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request.

Right to Receive a Copy of This Notice

You have the right to request and receive a paper copy of this Notice. Please request this in writing and a copy will be provided to you at no charge.

Right to Request Restrictions

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards to protect your PHI, and that additional restrictions may be harmful to your care.

Right to Confidential Communications

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means, or to an alternate address. We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

Right to Complain

We must follow the privacy practices set forth in this notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to the above noted address. In addition, you may contact your Health Plan or complain directly to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

Contact Information

You may contact Monroe Pediatrics, Inc. for further information about the complaint process, or for further explanation of this document. Written inquiries or complaints should be sent to Dr. Andrea Hill at the previously mentioned address. You may also call us at 770-207-7916.

Rights Reserved by Monroe Pediatrics, Inc.

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time.

This entire Notice is effective as of April 14, 2003.