

NOTICE OF PRIVACY PRACTICES

SISKIN CENTER FOR DEVELOPMENTAL PEDIATRICS

We Are Required By Law To

- Make sure that medical information that identifies your child is kept private, including if applicable genetic information as described in the Genetic Information and Non-Discrimination Act.
- Give you this notice of our legal duties and privacy practices with respect to medical information about your child;
- This notice will tell you about ways in which we may use and disclose health information about your child. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

Who Will Follow This Notice

This notice describes the privacy practices of The Siskin Center for Developmental Pediatrics (Center) and that of:

- Any health care professional authorized to enter information into your child's medical chart.
- Any member of a volunteer group or students working in the Center.
- All employees, staff and other Center personnel.
- Organized Health Care Arrangement (OHCA). Information will be shared as necessary to carry out treatment, payment or health care operations.

Each time your child visits the Center for care, a record of the visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This notice applies to all of the records of your child's care created by the Center, whether made by Center personnel, agents of the Center, or your child's personal doctor or health care provider.

How We May Use And Disclose Medical Information About You

The following categories describe examples of the way we use and disclose medical information. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- For Treatment. We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other Center personnel who are involved in taking care of your child at the Center. We may also need to share this information with other health care professionals in order to coordinate the different things that your child may need, such as reports back to your child's primary physician or specialist, prescriptions, lab work and x-rays.
- For Payment. We may use and disclose medical information about your child's treatment and services to bill and collect payment from you, your insurance company or a third party. For example, we may need to give your insurance company information about your child's office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment your child will receive to determine whether your plan will cover the treatment.
- For Health Care Operations. We may use and disclose medical information about your child for healthcare operations. These uses and disclosures are necessary to run the Center and to make certain all of our patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for your child. We may also combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information that identifies your child with other health care providers to see where we can make improvements. To protect your child's privacy, we will remove information that identifies your child from this set of medical information.

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For The Following Activities You Must Notify Us If You Want To Limit Or Restrict Information:

- To remind you that your child has an appointment for medical care;
- To assess your satisfaction with our services;
- To individuals involved in the payment for your child's care;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services
- To contact you in our fundraising or marketing efforts (unless you have previously opted out).

We May Also Use And Disclose Medical Information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To inform funeral directors consistent with applicable law;
- To health oversight agencies;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals.

Individuals Involved in Your Child's Care or Payment for Your Child's Care. We may release medical information about your child to a friend or family member who is involved in your child's medical care or who helps pay for your child's care. In addition, we may disclose medical information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status and location.

Business Associates. During the course of providing treatment to your child, obtaining payment for your child's care and conducting normal practice operations, the Center works with business partners. For example, the Center works with computer software and hardware companies. Though every reasonable attempt will be made to limit access by business partners to patient information, it is impossible to prevent all such access. Therefore, the Center requires of all business partners contractual agreements that require these business partners to limit their access to patient information to that which is necessary and unavoidable. Furthermore, our contracts with business partners require that all access to patient information that does occur will be managed according to strict principles of confidentiality and privacy. These partners are required to follow the same privacy laws as the Center, including protecting your information and mitigation in the event of a breach.

Research. Information may be released to researchers, but only after an institutional review board has reviewed and approved the research proposal and made certain the researchers have established protocols to ensure your child's health information privacy.

Fundraising. We may use certain information (name, address, telephone number, dates of service, age and gender) to include you in future fundraising efforts for Siskin Children's Institute. We may also share this information with our institutionally related foundation for the same purpose. Donations received through the Institute's fundraising efforts are used to expand and improve the services and programs we provide the community. Please write to Siskin Children's Institute, Director of Development, 1101 Carter Street, Chattanooga, TN 37402, if you wish to have your name removed from the list to receive fundraising requests supporting the Institute in the future. In the event that you contact us with this request, all reasonable efforts will be taken to ensure that you will not receive any fundraising communications from us in the future.

Sale of Protected Health Information – We must receive your authorization for any disclosure of your PHI which is a sale of PHI.

Psychotherapy Notes - We must receive your authorization for disclosure of psychotherapy notes.

As Required By Law. Such disclosures may include provision of health information for State and national disease registries and databases that use the data to identify health needs and improve health care services. We will disclose medical information about your child to the following when required to do so by federal, state or local law:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or
 - Controlling disease, injury or disability
 - Correctional institutions
 - Workers Compensation Agents
 - Organ and Tissue Donation Organizations
 - Military Command Authorities
 - Health Oversight Agencies
 - Funeral Directors, Coroners, and Medical Directors
 - National Security and Intelligence Agencies
 - Protective Services for the President and Other
 - To advert a serious threat to health or safety
 - Lawsuits and disputes (response to a court or administrative order)

Law Enforcement/Legal Proceedings. We may disclose information for law enforcement purposes as required by law or in response to a valid request, such as:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;
- About criminal conduct with The Siskin Institute and Siskin Center for Developmental Pediatrics;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

State Specific Requirements: Tennessee has requirements for reporting data, including population-based activities relating to improving health or reducing health care costs.

Customer Service. As part of our customer service program, we may use health information about your child to contact you by mail or phone to discuss your opinion of the services provided during your encounter with our Center.

Follow Up Contact. We may use health information about your child to contact you by mail or phone following treatment if it is determined your child may require additional follow-up. We may also contact you or your child's primary care physician on how your child is doing following treatment at the Siskin Center for Developmental Pediatrics.

Your Rights Regarding Medical Information About Your Child.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and receive a copy of medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You have the right to request this information in an electronic format.

To inspect and copy medical information that may be used to make decisions about your child, you must submit your request in writing to the Medical Director of the Siskin Center for Developmental Pediatrics. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Inspect and Copy (Continued). We may deny your request to inspect and copy in certain very limited circumstance. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request for denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Center.

To request an amendment, your request must be made in writing and submitted to the Medical Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Center;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the individuals and/or institutions to which we have released your child’s private medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the Administrative Director, Siskin Center for Developmental Pediatrics 1101 Carter Street, Chattanooga, TN 37402. Your request must state a time period that may not be longer than six years and may not include dates before July 22, 2009. Your request should indicate in what form you want the lists (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.

Right to Breach Notification. In the event of any breach of PHI, SCDP will fully comply with the HIPAA/HITECH breach notification requirements, including notification of you of any impact that the breach may have had on you and/or your family member(s) and actions SCDP undertook to minimize any impact the breach may or could have on you.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. Unless otherwise required by law, you have the right to restrict certain health information disclosures to health insurers if you pay full cost of services at the time of your visit.

To request restrictions, you must make your request in writing to the Administrative Director, Siskin Center for Developmental Pediatrics, 1101 Carter Street, Chattanooga, TN 37402. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both;
3. To whom you want the limits to apply, for example, disclosures to your spouse.

All requests will receive review for consideration of acceptance; therefore, you will not receive immediate response to your request. Every effort will be made to provide you response to your request within thirty (30) days.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Administrative Director, Siskin Center for Developmental Pediatrics, 1101 Carter Street, Chattanooga, TN 37402. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website. (www.siskin.org)

Personal Representative. Your “personal representative” may exercise the rights listed above on your behalf, if under applicable law, that person has legal authority to act on your behalf in making decisions related to the health care of your child.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about your child, as well as any information we receive in the future. We will post a copy of the current notice at The Center. The notice will contain on the last page, in the bottom left-hand corner, the effective date. In addition, each time your child registers at the Center for treatment or healthcare services, we will offer you a current copy of the current notice in effect.

Complaints:

If you believe your privacy rights have been violated, you may file a written complaint with the Administrative Director of the practice. You may also file a complaint with the U.S. Department of Health and Human Services. Neither you nor your child will be penalized in any way for filing a complaint.

Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or state or federal laws that apply to the Center will be made only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. The Center is unable to take back any disclosures we have already made prior to your revocation of permission to disclose.