



**Dr. Cheryl A. Duffy, MD, FAAP
Dr. Joseph R. Frank, MD, FAAP
Kristie Shumaker, PA-C**

3068 Innovation Way, Hermitage, PA 16148
724-981-1219
www.kidswaypediatrics.com

Notice of Privacy Practices

Effective April 14, 2003

Dr. Cheryl A. Duffy, MD, FAAP, Inc. is providing you with this Notice of Privacy Practices as required by law. We are required by law to make sure that Protected Health Information (PHI) is kept private. This notice describes how your medical information can be used and disclosed, your rights regarding your health information, and how you can get access to this information. For purposes of this disclosure, in most instances the PHI referred to is that of a minor child.

Your PHI is any information we create or receive about you and your past, present or future: Physical or mental health condition: Health care; or Payment for health care provided.

How We May Use and Disclose Your Protected Health Information to Others:

1. The law permits us to use and disclose your PHI in certain ways. The list below tells you about different ways that we may use your PHI and disclose it to others, as well as some examples of what we mean. Examples have been provided to help you understand how we may use or disclose your information; however not every possible example is listed.

Payment We will use and disclose your PHI for our payment activities. For example, in order to pay claims for services provided to you, we may use and disclose your PHI to determine eligibility for health care services, and disclose the health information to the health insurance company to seek and receive payment for care provided.

Treatment We may use and disclose our PHI to a health care provider who renders treatment on your behalf. For example if you are unable to provide your medical history as the result of an accident, we may advise an emergency room physician about the types of prescription drugs you currently take.

Health Care Operations We may use and disclose you PHI to support the activities related to health care including but not limited to: improving quality of care or services, reviewing provider performance, licensing, legal services, conducting audits and compliance programs.

Required or Permitted by Law In the following situations, the law permits, and under some circumstances requires us to use or disclose your PHI:

- We may disclose your PHI for any purpose required by law;
- We may disclose your PHI for public health activities, such as required reporting of disease, injury and birth and death and for required public health investigations
- We may disclose your PHI as required by law if we suspect child abuse or neglect; we may also disclose your PHI as required by law if we believe you to be victim of abuse, neglect, or domestic violence.
- We may disclose your PHI to the Food and Drug Administration if it is necessary to report adverse events, product defects, or to participate in product recalls.
- We may disclose your PHI if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI if required to do so by subpoenas or discovery request; in some cases you will receive notice of such disclosure.
- We may disclose your PHI to law enforcement officials as required by law to report crimes, wounds, and injuries.
- We may disclose your PHI to coroners and/or funeral directors consistent with law.
- We may disclose your PHI if you are a member of the military as required by armed forces services; we may also disclose your PHI if necessary for national security or intelligence activities.

-We may disclose your PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination.

-We may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

2. We may disclose your PHI to a friend, family member or other person identified by you who is involved in your medical care or the payment of your medical care. We may disclose your PHI to these persons if you are present or available prior to our sharing your PHI with such family, friends or other persons and you give your approval, or if we reasonably believe based on the circumstances and our professional judgment it would be in your best interest to do so, we will disclose information with a friend or family member or someone else identified by you, but only to the extent necessary.
3. Except as stated above your written authorization is required before we can use or disclose your PHI to anyone outside of this Corporation. If you authorize us to use or disclose PHI about you, you may cancel that authorization, in writing, at any time by giving the written cancellation to our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. If you cancel your authorization, we will no longer use or disclose you PHI based on that authorization, but we can rely on your authorization to the extent that we have already used or disclosed the information in reliance on your authorization.

Your Rights Concerning Your Protected Health Information

The law gives you the following rights about your PHI:

1. **Right to Ask to See and Copy.** You have the right to see and copy your PHI. This request must be in writing to our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. Under certain limited situations, you may not be able to review or obtain a copy of parts of your health information. If your request is denied you may ask that someone else review the decision.
2. **Right to Ask for an Amendment ("Correction").** If you feel that the PHI that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to ask for an amendment as long as the information is kept by or for the Corporation. You must put your request in writing to our

Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. The Corporation does not necessarily have to make your amendments, but we will carefully consider your request.

3. **Right to Ask for an Accounting of Disclosures.** You have the right to ask us for an accounting of certain disclosures we make of your PHI. We do not have to provide you with an accounting of disclosures when the information was disclosed for treatment, payment or health care operations, pursuant to your request or authorization; or for certain other disclosures permitted or required by law. You must make your request in writing to your Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. You must include in your written request how far back in time you want us to go. It may not be longer than six years and may not include dates before April 14, 2003.
4. **Right to Ask for Limits on Use and Disclosure.** You have the right to ask us to limit the PHI we use or disclose about you for treatment, payment, or operations, or that we disclose to someone who is involved in your care or payment for your care, like a family member or friend. You must make your request in writing to our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. You must tell us what information you want us to limit, whether you want to limit our use, disclosure or both, and the person or entity the limits apply to (for example your spouse). **We are not required to agree to your request.** If we do agree to your request, the only time we will not follow your request is if the information you want us to limit is needed to get you emergency treatment. We may terminate our agreement to the restriction. The termination will only be effective with respect to PHI received after we tell you that we have terminated our agreement.
5. **Right to Ask for Confidential Communications.** You have the right to ask that we contact you about your PHI in a certain way or at a certain location that you believe provides you with greater privacy if the disclosure of all or part of the information could endanger you. For example you can ask that we only contact you at work or by mail. Your request must state how or where you wish to be contacted and that the disclosure of the information could endanger you. You must make your request in writing to our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148. We will comply with all reasonable requests.
6. **Right to Ask for a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, and you may ask us to give you a copy of this Notice at any time. To get a paper copy of

this Notice, contact our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148.

Violation of Privacy Rights

If you believe your privacy rights have been violated, you may file a complaint with Dr. Cheryl A. Duffy, MD, FAAP, Inc. or with the U.S. Department of Health and Human Services. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

Changes to This Notice

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. When there is a change to any part of this Notice, we will provide you with the changed Notice. The Notice will contain the effective date on the first page, in the top left-hand corner.

If You Have Questions About This Notice

If you have any questions about this Notice, please contact our privacy Officer at (724) 981-1219, or submit questions in writing to our Privacy Officer at 3068 Innovation Way, Hermitage, PA 16148.