

**NOTICE OF PRIVACY PRACTICES
OF
South County Pediatric Associates, PC**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOUR CHILD MAY BE USED AND DISCLOSED BY US AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your child's Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your child's Protected Health Information. "Protected Health Information" is information about your child, including demographic information that may identify your child and that relates to your child's past, present or future physical or mental health condition and related health services.

We reserve the right to change our practices and to make provisions effective for all individually identifiable Protected Health Information we maintain on your child. You may request copies of any revisions by calling the office and requesting a revised copy be sent to you in the mail or one will be give to you at your next appointment.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations (note, these examples are not all inclusive):

Your child's Protected Health Information will be used for **treatment**. For example, a physician, nurse or other member of your child's health care team will record information in your child's record to diagnose your child's condition and determine the best course of treatment for your child. We may also provide your child's Protected Health Information to another health care provider, pharmacy, lab, hospital, and other health care entities to provide treatment. Examples are sharing information with a specialist caring for your child, giving diagnosis codes to laboratories, processing specimens on your child, speaking with a pharmacist concerning a prescription, etc.

Your child's Protected Health Information will be used for **payment**. For example, we may send a bill to the guarantor or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies your child, the diagnosis, treatment received and supplies used. The third party payer may from time to time request copies of your child's medical records to facilitate payment. We may provide information to your health plan for pre-authorization and certification of services, such as home care, hospitalization, prescription authorization, etc.

Your child's Protected Health Information will be used for **health care operations**. For example, your current or former health insurance plan or their designee may use information in your child's health record to assess the care and outcomes in your child's case and the competence of the caregivers. We may also use information for quality assurance purposes internally and to support the business activities of the organization, such as training medical students and reviewing employees. We may also call your child's name in our waiting room as part of our operational procedures. We may contact you to provide appointment reminders or information about treatment alternatives or other health related services we provide that may be of interest to you. We may from time to time send you a newsletter regarding our practice or services.

Business associates. We provide some services through contracts with business associates and through companies contracted with your health insurance plan. Examples include electronic billing, offsite storage of inactive medical records, etc. When we use these services, we may disclose your child's Protected Health Information to these business associates so that they can perform the function(s) we have contracted with them to do. To protect your child's Protected Health Information, however, our contracts require the business associate to appropriately safeguard your information.

Effective Date: June 1, 2013

Other uses and disclosures of your child's Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. Your authorization may be revoked at any time in writing except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures of Your Child's Protected Health Information That May be Made Without Your Authorization:

We may use or disclose your child's Protected Health Information in the following situations without your consent or authorization according to applicable law and regulation. These situations include:

- Required by Law, including subpoena or court order
- Coroners, Medical Examiners, Funeral Directors and Organ Donations
- Food and Drug Administration (FDA)
- Public health
- Schools, daycare and preschool. (As required by law, we may disclose your child's immunizations records to school, daycare, or preschool officials requesting them.)
- Law enforcement
- Health oversight agencies
- Abuse or Neglect
- Military Activity, Public Safety and National Security
- The Federal Department of Health and Human Services (DHHS)

Your rights regarding your child's Protected Health Information:

Request restrictions on certain uses and disclosures. You may ask us not to use or disclose any part of your child's Protected Health Information for the purposes of treatment, payment or health care operations. All requests must be made in writing, addressed to the Privacy Officer and must specify the reason for the request. We are not required to agree to a requested restriction.

Inspect and receive a copy of your child's Protected Health Information. You may inspect and obtain a copy of your child's Protected Health Information unless prohibited by federal or state law. All requests must be made in writing, addressed to the Privacy Officer and must specify the reason for the request. We have the right to charge for copies of Protected Health Information in accordance with state and federal laws.

Review and amend or update your child's Protected Health Information. You may request a change or addition to Protected Health Information about your child. All requests must be made in writing, addressed to the Privacy Officer and must specify the reason for the request. We may deny your request.

Receive an Accounting of Disclosures. You have the right to receive specific information regarding those disclosures not related to treatment, payment or health care operations that occurred after April 14, 2003.

Receive confidential communications of Protected Health Information by alternative means or at an alternative location. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Receive a paper copy of this notice at no charge.

How to Get More Information or Report a Problem

For questions, concerns, requests or complaints concerning South County Pediatric Associates, PC, you may contact the Privacy Officer at 4850 Lemay Ferry Road, Suite 120, St. Louis, MO 63129 or by telephone at 314-849-3320.