

SAFARI OF SMILES

Notice of Privacy Practices

At **Safari of Smiles**, we are committed to treating and using protected health information about your child responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your child's protected health information. This Notice is effective September 1, 2013, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information: A record of your child's visit is made each time you visit Safari of Smiles. Typically, this record contains your child's symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your child's health or medical record, serves as a:

- Basis for planning your child's care and treatment,
- Means of communication among the many health professionals who contribute to your child's care,
- Legal document describing the care your child received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your child's record and how your child's health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your child's health information, and make more informed decisions when authorizing disclosure to others. You have a right to receive notification of breaches of unsecured protected health information.

Your Health Information Rights: Although your health record is the physical property of Safari of Smiles, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your child's health record as provided for in 45 CFR 164.524,
- Amend your child's health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your child's health information as provided in 45 CFR 164.528,
- Request communications of your child's health information by alternative means or at alternative locations,
- Request a restriction of PHI regarding care and services you pay for out-of-pocket. Request must be in writing and the provider will adhere to your request.
- Request a copy of your health record in an electronic format if applicable,
- Request a restriction on certain uses and disclosures of your child's information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities: Safari of Smiles is required to:

- Maintain the privacy of your child's health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child,
- Abide by the terms of this notice,
- * Notify you following a breach of unsecured PHI;
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your child's health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your child's health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Required Authorization: A written authorization is required from you for:

- Disclosure of psychotherapy notes
- Use of Protected Health Information (PHI) in marketing
- Sales of PHI

For More Information or to Report a Problem: If have questions and would like additional information, you may contact the Practice's Privacy Officer, Dr. Ivis Alvarez (904)641-7455.

If you believe your child's privacy rights have been violated, you can file a complaint with the Practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is: *Office for Civil Rights*, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201.

Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your child's health information for treatment. For example, information obtained by a nurse, physician, or other member of your child's health care team will be recorded in your record and used to determine the course of treatment that should work best for your child. Your child's

physician will document in your child's record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how your child is responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this healthcare facility.

We will use your child's health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies your child, as well as your child's diagnosis, procedures, and supplies used.

We will use your child's health information for regular health operations. For example, members of the medical/dental staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your child's health record to assess the care and outcomes in your child's case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your child's health record. When these services are contracted, we may disclose your child's health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard your child's information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your child's care, your child's location, and general condition.

Communication from Offices: We may call your home or other designated location and leave a message on voice mail or in person in reference to any items that assist the Practice in carrying out treatment, payment, and healthcare operations (TPO), such as appointment reminders, insurance items and any call pertaining to my clinical care. We may mail to your home or other designated location any items that assist the Practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential. We may e-mail to your home or other designated location any items that assist the Practice in carrying out TPO, such as appointment reminder cards and patient statements.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your child's care or payment related to your child's care.

Open Treatment Areas: Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our privacy officer.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort. You have the right to opt out of such communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your child's health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse or Neglect: We may disclose your child's health information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's health information to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your child's health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.