

**UPPER VALLEY PEDIATRICS, PLLC
BRADFORD, VT & EAST THETFORD, VT**

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our legal duty to protect health information about you

We are required to protect the privacy of the health information about you that can be identified with you. This Notice explains our legal duties and privacy practices concerning your Protected Health Information (PHI).

By law, we are required to give you this Notice.

- We must protect health information that we have created or received about your past, present, or future health care, including medical records and billing information
- We must protect PHI about health care we provide to you
- We must notify you about how we protect PHI about you
- We must explain how, when, and why we use and/or disclose PHI about you
- We may only use and/or disclose PHI as we have described in this Notice

We are required to follow the procedures in this Notice. We will promptly notify you should a breach occurs that may have compromised the privacy or security of your PHI. This notice will be effective for all protected health information that we have at that time and for future information.

Copies of the current notice are available upon request.

We may use and disclose protected health information (PHI) for:

Health Care Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with a third party.

Payment For Services

Your PHI will be used, as needed, to obtain payment for your health care services. This may include contacting your health insurance plan for authorization or approval before you receive the services.

We may share your PHI with the following:

- Billing departments
- Collection departments or agencies
- Consumer reporting agencies (credit bureaus)
- Insurance companies, health plans, and their agents
- Hospital departments that review the care you receive for medical necessity and utilization review activities

Health Care Operations

We may use or disclose your PHI in order to support the business operations of the practice.

Health care operations include but are not limited to:

- Reviewing and improving the quality, efficiency, and cost of care that we provide you and other patients. For example, we may use PHI about you to develop ways to assist our health care providers in deciding what medical treatment to use for others.
- Third parties involved in your care, such as pharmacies, home health agencies, visiting nurses, rehabilitation/treatment centers/hospitals, and ambulance companies.
- Improving health care and lowering costs for groups of people who have similar health problems to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information about treatment options, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers.
- Providing training for students or trainees of health care professionals or non-health care professionals (billing clerks etc) to help them practice or improve their skills.
- Cooperating with outside agencies that assess the quality of care we and others provide. For example, the Joint Commission of Accreditation on Healthcare Organizations.
- Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities. For example, we may disclose PHI about you so that one of our nurses may become certified as having expertise in a specific field of nursing.
- Assisting various people who review our activities. For example, PHI may be seen by doctors, lawyers, or accountants who are assisting us comply with applicable laws and regulations.
- Conducting business management and general administrative activities related to our organization and the services we provide.
- Resolving grievances within our organization.
- Complying with this Notice and applicable laws.

Other circumstances when we may use or disclose your PHI without your authorization

- **Required by law:** We may use or disclose your PHI to the extent required by law. The use and disclosure will be made in compliance with the law and is limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses and disclosures.

- **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. This disclosure will be made for the purpose of controlling or reporting disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. Examples of public health include: communicable diseases, incidents of abuse or neglect, the Federal Drug Administration to report adverse events or product defects, and the maintenance of vital statistics such as births and deaths.
- **Disaster Relief:** We may use or share your PHI with a public or private agency (for example, the American Red Cross) assisting in disaster relief to coordinate efforts to notify someone on your behalf. If you are unable to grant permission and it is thought to be in your best interest we will only share information that others need to know.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee health care systems, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal, and in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose PHI for law enforcement purposes, as long as applicable legal requirements are met. Law enforcement purposes include: legal processes and those otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises, and in a medical emergency where it is likely a crime has occurred.
- **Coroners, Funeral Directors, Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for other duties performed by the coroner or medical examiner as authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order for the funeral director to carry out their duties. PHI may be used and disclosed for organ, eye, or tissue donation purposes.
- **Research:** We may disclose PHI to researchers when their research has been approved by an institutional review board that has established protocols to ensure the privacy of your protected health information. Otherwise, we will ask for a written authorization from you.
- **Criminal Activity:** Consistent with federal and state laws, we may disclose your PHI if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security:** When the appropriate conditions apply, we may disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by military command authorities, in order for the Department of Veterans Affairs to determine your eligibility for benefits, or to foreign military authority if you are a member of a foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.
- **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws.
- **Inmates:** We may use or disclose your PHI to the correctional facility having legal custody of you if you are an inmate.
- **Vermont Required Disclosures:** Vermont Law requires reporting in the following cases: child abuse; abuse, neglect or exploitation of vulnerable adults; fire-arm related injuries; communicable diseases; fetal deaths; cancer; lead poisoning; blood-alcohol reporting; duty to warn of harm cases. We will disclose information limited to the relevant requirements of the law.

We may contact you under the following circumstances:

- We may use or disclose your PHI to contact you to remind you of an appointment.
- With information about treatment, services, products, or health care providers
- We may use or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products, or healthcare providers.

Example: If you are diagnosed with diabetes, we may tell you about self-management classes or support groups that may be of interest to you.

Uses and disclosures that require your written authorization:

Psychotherapy Notes

UVP is dedicated to protecting the privacy of all your health information including psychotherapy notes. We may only disclose your psychotherapy notes for limited purposes such as carrying out treatment. For other purposes, we will obtain your written consent.

Psychotherapy notes mean notes recorded by a mental health professional during a private counseling session, or a group or family counseling session. These notes may include medications, frequencies of treatment, results of clinical tests, and the treatment plan, and progress to date.

Marketing

UVP does not use protected health information (PHI) for the purpose of communicating about a product or service in order to encourage you to purchase that product or service.

We may contact you about a product or service if the product or service is directly treatment related, discussed face to face, or given as a promotional gift of nominal value.

Example: If you are diagnosed with diabetes, we may tell you about self-management classes or support groups that may be of interest to you.

You have rights regarding your protected health information (PHI). Requests in these regard must be made in writing.

- You have the right to request that we restrict the use and disclosure of PHI about you for purposes of treatment, payment, or healthcare operations.
- We are not required to agree to your requested restrictions. Even if we agree to your request, there are some situations where your request will not be followed, such as in emergency situations.

- You have the right to discuss with your provider and/or the office manager if you want to restrict the use and disclosure of PHI about you. All requests will be reviewed by the care management department.
 - You have the right to request how and where we contact you about PHI. You can provide information about your preferred method of contacting you at the time of registration. **Example:** You may prefer that we contact you at home instead of at work. If so, provide only your home phone number and address at the time of registration.
 - You have the right to request to see and to receive a copy of the PHI contained in clinical, billing, and other records used to make decisions about you. We may charge you fees related to the copying of the records not to exceed the amount allowed by Vermont law.
 - If you agree, we will provide a summary or explanation of the PHI about you instead of a full copy.
 - There are certain circumstances in which we are not required to comply with your request. Under these circumstances, we will respond to your request in writing stating why we will not grant your request.
 - You have the right to have your physician amend your PHI. You may request an amendment of PHI in a designated record for as long as we maintain this information.
 - We may deny your request if the information was not created by us, the information is not part of the records used to make decisions about you, or we believe the information is correct and complete.
 - You have the right to request a listing of disclosures we have made, if any, for purposes other than treatment, payment, or health care operations as described in this Notice.
 - Disclosures are not required for those we have made to you, incidental disclosures, disclosures you have authorized, disclosures for a facility directory, disclosures to family or friends involved in your care, or those made to carry out treatment, payment, or health care operations.
 - You have the right to receive specific information regarding disclosures in the six years prior to the date of your request (that occurred after 08/01/2015 – the effective date of current ownership). You may request a shorter time frame.
 - If you request a list more than once in 12 months, we may charge you a reasonable fee.
- Certain Health** ● Some categories of health information are protected by additional state or federal privacy laws and regulations. In most cases, we will not be able to share the following types of health information without your written authorization:
- HIV testing and test results (except to other health care providers treating you when sharing is necessary in order to protect your health).
 - Genetic testing and test results.
 - Addiction Treatment Program records.

To revoke authorization to disclose PHI:

For purposes other than described, we will only use or share your PHI when you give us your written permission. (For example, we will need your written permission before we send your PHI to your attorney) You may change your mind about your authorization to disclose your PHI by sending a written “revocation statement” to us in person, or at the mailing address below. The revocation will not apply to the extent that we have already taken action based on your prior authorization.

To file a complaint about our privacy practices:

If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us directly at the address below. You may also file a written complaint with the Office for Civil Rights (OCR) of the U.S. Dept. of Health and Human Services. You may also visit the OCR’s website for further information at <http://www.hhs.gov/ocr/privacy/hipaa/complaints>.

Change in Terms of this Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice.

Effective: 09/01/2014.

Revised: 08/01/2015, 09/01/2016, 01/04/17

For more information please use the contact list below. You may be asked to provide a written request for some information.

For information about amending your protected health information or to see or obtain a listing of disclosures of your PHI contact:
 [or] To file a complaint about this Notice contact:

Upper Valley Pediatrics, PLLC
 331 Upper Plain
 Bradford, VT 05033
 802-222-4722

**UPPER VALLEY PEDIATRICS, PLLC
BRADFORD, VT & EAST THETFORD, VT.**

**LIFETIME AUTHORIZATION
INSURANCE ASSIGNMENTS & AUTHORIZATION TO RELEASE INFORMATION**

CONSENT TO TREAT AUTHORIZATION: I, the below named patient, parent or guardian, do hereby give Upper Valley Pediatrics, PLLC medical staff consent for medical treatment.

RELEASE OF INFORMATION:

I hereby authorize any physician/medical provider of Upper Valley Pediatrics, PLLC examining and/or treating me to release to any third payer (such as an insurance company or governmental agency, example: Blue Cross Blue Shield of VT, Medicaid or Medicare) any medical condition and records concerning diagnosis and treatment when requested by such third party for its use in connection with determining a claim for payment for such treatment and/or diagnosis.

PHYSICIAN INSURANCE ASSIGNMENT:

I certify that, hereby authorize payment directly to any physician examining or treating me of any group and/or individual surgical and/or medical benefits herein specified and otherwise payable to me for their services as described but not to exceed the reasonable and customary charge for these services.

I certify that I, or my dependents listed, have insurance coverage as indicated and assign directly to Upper Valley Pediatrics, PLLC all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the use of this signature on all insurance submissions as well as to release information necessary for the payment of claims.

MEDICARE/MEDICAID:

Patient's certification authorization to release information and payment request, I certify that the information given by me in applying for payment under Title XVIII/XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to Social Security Administration, Centers for Medicare and Medicaid Services or its intermediaries or carries any information needed for a related Medicare/Medicaid claim. I hereby certify all insurance pertaining to treatment shall be assigned to the physician treating me.

I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL WHICH IS SCANNED INTO MY FILE AT UPPER VALLEY PEDIATRICS OFFICES. This assignment will remain in effect until revoked by me in writing.

It is noted that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedure, and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, copay, co-insurance, or any other balance not paid for by my insurance or third payer within a reasonable period of time not to exceed 60 days. If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection.

PATIENT NAME: _____ **DATE:** _____

GUARANTOR / PARENT / GUARDIAN (if a minor child) / SUBSCRIBER (if different from patient)

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I, _____ (print name) have received a copy of Upper Valley Pediatrics, PLLC Notice of Privacy Practices.

Signature [GUARANTOR / PARENT / GUARDIAN (if patient is a minor child)]

Date

SCAN SIGNED FORM INTO PATIENT RECORD