Pediatric Gastroenterology of Charleston

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulation created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEATLH INFORMATION. It also describes your rights to access and control your protected health information. “Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. You can view it at any time on our practice web site. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. If you have any questions about this Notice, please contact our Privacy Officer. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you and your child. We are required by law to maintain the confidentiality of health information that identifies you or your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

. How we may use and disclose your IIHI

. Your privacy rights in regard to your IIHI

. Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. Phone: (304) 400-4626

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY INDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment.

Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice, including but not limited to our doctors and nurses, may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment.

Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.

3. Health Care Operations.

Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders.

Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

5.Treatment Options.

Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6.Health-Related Benefits and Services.

Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends.

Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby-sitter take their child to the pediatrician’s office for treatment of a cold. In this example, the baby-sitter may have access to this child’s medical information.

8. Disclosures Required By Law.

Our practice will use and disclose your IIHI when we are required to do so by federal, state and local law.

D. USE AND DISCLOSURE AND YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may sue or disclose your identifiable health information:

1. Public Health Risks.

Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

. Maintaining vital records, such as birth and deaths

. Reporting child abuse or neglect

. Preventing or controlling disease, injury or disability

. Notifying a person regarding potential exposure to a communicable disease

. Notifying a person regarding a potential risk for spreading or contracting a disease or condition

. Reporting reactions to drugs or problems with products or devices

. Notifying individuals if a product or device they may be using has been recalled

. Notifying appropriate government agency(ies) and authority(ies) regarding

the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities.

Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs in compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings.

Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute,

but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement.

We may release IIHI if asked to do so by a law enforcement official:

. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement

. Concerning a death that we believe has resulted from criminal conduct

. Regarding criminal conduct at our offices

. In response to a warrant, summons, court order, subpoena or similar legal Process

. To identify/locate a suspect, material witness, fugitive or missing person

. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)

5. Deceased Patients.

Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation.

Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research.

Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from our practice; or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

8. Serious Threats to Health or Safety.

Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances we will only make disclosures to a person or organization able to help prevent the threat.

9. Military.

Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security.

Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHII to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates.

Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety or the health and safety of other individuals.

12.Workers' Compensation.

Our practice may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications.

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request Pediatric Gastroenterology of Charleston 428 Division Street, Suite #3A, Charleston, WV 25309 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions.

You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. You must make your request in writing to Your request must describe in a clear and concise fashion: (a)the information you wish restricted; (b) whether you are requesting to limit our practice's use disclosure or both; and (c)to whom you want the limits to apply

3. Inspection and Copies.

You have the right to inspect and obtain a copy of the IHII that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309, in order to inspect and /or obtain a copy of your IIHI. Our practice may change a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4.Amendment.

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures.

All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosure" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to

obtain an accounting of disclosures, you must submit your request in writing to Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before August 1, 2013. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice.

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain an additional paper copy of this notice, contact Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. Our practice will notify you of the costs involved with additional requests.

7. Right to File a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Service. To file a complaint with our practice, contact Pediatric Gastroenterology of Charleston 428 Division Street, Suite 3A, Charleston, WV 25309. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHII may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care. Again, if you have any questions regarding this notice or our health information privacy policies, please contact Pediatric Gastroenterology of Charleston, 428 Division Street, Suite#3A, Charleston, WV 25309, by phone at (304) 400-4626 or by fax at (304) 400-4634.

APPENDIX 1 FREQUENTLY ASKED QUESTIONS

In a constantly changing healthcare environment, our practice is committed to educating our patients about healthcare issues that affect them. As a result, we have provided below general information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for your review. Our practice is complying with HIPAA's regulations and would be happy to answer any additional questions you might have.

What is the privacy rule?

The Privacy Rule is part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Privacy Rule established a federal requirement that doctors, hospitals or other healthcare providers and health plans obtain a patient's written consent before using or disclosing a patient's personal health information to carry out treatment, payment or healthcare operations. Pediatric Gastroenterology of Charleston, PLLC. is required by law to be compliant with the Privacy Rule by April 14, 2003.

What is PHI?

PHI or protected health information means any personal health information as defined by law, including demographic information that is collected from a patient by a healthcare provider or other entity that could potentially identify the individual. PHI includes all medical records and other individually identifiable health information held or disclosed by Pediatric Gastroenterology of Charleston, PLLC. regardless of how it is communicated (e.g. electronically, written, verbally).

What is TPO?

TPO refers to the treatment, payment or healthcare operations of Pediatric Gastroenterology of Charleston ,PLLC. In other words, our practice can use or disclose PHI for performing any activity that it deems necessary for 1) providing quality patient care, 2) ensuring that our practice gets paid for services, and 3) operating our practice. Some examples of these activities are use of PHI by the physician(s) and clinical staff to treat a patient, use of PHI by the business office staff to verity insurance information for billing purposes, use of PHI to obtain a referral, and use of PHI for our practice's business planning and internal management activities.

Why Do I Have to Sign a Consent Form?

In order to use or disclose your PHI, our practice is required to obtain a signed consent form from you to directly treat you or carry out healthcare payment and operations activities. Our practice is not required to obtain your prior consent in an emergency, when our practice is required by law to treat you, or when there are substantial communication barriers. Our practice reserves the right to refuse to treat you if you do not sign the consent form.

What Is The Difference Between the Consent and Authorization Forms?

In order to use or disclose your PHI for specified purposes other than direct treatment, payment, or healthcare operations, our practice is required to obtain a signed authorization form from you. For example, if you request our practice to disclose PHI to a third party, you must sign an authorization form. This authorization form is more detailed than a consent form and has a specific expiration date