



**Colonia Office**  
795 Inman Ave  
Colonia, NJ 07067  
Ph: (732) 396-0700  
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**Plainfield Office**  
120 W 7<sup>th</sup> St. Ste 203  
Plainfield, NJ 07060  
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## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential.

We understand that medical health information about you is personal and we are committed to protecting that information. As required by HIPAA we have prepared this explanation of our Privacy Practices on maintaining your personal health information, how we may use and disclose your health information, and our legal duties to follow the terms of the notice that is currently in effect as follows:

### **We may use and disclose medical information about you:**

- **For treatment** (providing, coordinating, or managing health care and related services to another healthcare facility or to a specialist as part of the referral)
- **To Obtain Payment** (such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review, example: sending billing information to your insurance company and/or Medicare)
- **To Support Our Health Care Operations** (includes the business aspects of running our practice, such as conducting quality assessments to improve treatment methods, auditing functions, cost-management analysis, and customer service)
- **For Business Associates** (when services are contracted through business associates, we require those business associates to appropriately safeguard your information, example: accountants, consultants, attorneys)
- **Communication with Family** (we may by using our best judgment 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 care or payment related to your care)
- **For Public Health Purposes, Abuse or Neglect Reporting** (preventing or controlling disease, injury, or disability)
- **For Worker's Compensation Purposes** (to the extent necessary to comply with laws regarding workers; compensation or similar programs established by law)
- **For Health Audits, Inspections and for Research or Studies** (we may distribute de-identified health information by removing all reference to individually identifiable information)
- **Notification** (we may contact you for appointment reminders, for treatment alternatives or other health-related benefits and services that may be of interest to you)
- **To Law Enforcement Agencies** (in response to a valid subpoena or as required by law)
- **To Correctional Institutions** (if you are an inmate we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others)



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Any other situations not covered by this notice will be made only with your written authorization. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

### Your Rights Regarding Medical Information About You

Although your health record is the physical property of Kids Care Pediatrics you have the following rights with respect to your protected health information, which you can exercise **by presenting a written request**, except to the extent that we have already taken actions relying on your authorization, to the Privacy Officer listed at the end of this notice.

- The right to inspect or get a copy of your medical information that we use to make decisions about your care. If you request copies, there will be a fee for the cost of copying, mailing or other related supplies.
- The right to amend your protected health information. We may deny your request to amend a record if we determine the record is accurate.
- The right to receive a list of those instances where we have disclosed medical information about you, other than for treatment, payment or healthcare operations. The request must state the time period desired for the accounting and starting after November, 2009. We may charge a fee according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- The right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to communicate with you.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other persons identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective November, 2009 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy Officer listed at the end of this notice. Finally, you may send a written complain to the U.S. Department of Health & Human Services Office of Civil Rights. Our Privacy Officer can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Officer: Anita Kishen, MD