

PEDIATRIC PROFESSIONAL ASSOCIATES, P.A.
PRIVACY NOTICE
EFFECTIVE 4/14/03

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

PPA POLICY ON PATIENT PRIVACY:

Appropriate care is always taken when discussing medical information about our patients and extreme care is taken when releasing medical information to outsiders. We are required by law to 1. Make sure that medical information that identifies a patient is kept private; 2. Give you this notice; and 3. Follow the terms of this notice.

PPA EMPLOYEES:

Employees at PPA are required to sign a confidentiality agreement. Our employees acknowledge that they may learn confidential information during their employment and they are committed to keeping this information confidential. Employees will only discuss this information when necessary for the coordination of medical care to gain insurance approval and payment for that care.

RELEASE OF INFORMATION FOR TREATMENT PURPOSES & MEDICAL CARE:

Medical information about our patients is necessary for other to care for your children. We may disclose medical information about patients to other doctors, nurses, and technicians, who are involved in your medical care. For example, if we are referring your child for a x-ray, we must share medical information to those professionals to arrange that test. We may share information with students for learning purposes. State & Federal law allow release of medical information for these purposes.

RELEASE OF INFORMATION FOR PAYMENT:

Your medical insurance carrier often request information about your medical history and medical care. They request information for referrals, pre-certification, pre-authorizations, and clearance for surgical procedures and prescription benefits. They also request medical information to justify or document services for payment; or to eliminate or verify the prior history of a particular condition. Your vehicle insurance may also request information if medical care is needed in relation to an automobile accident. This will also apply to homeowner and school insurance. State & federal law allow release of information for these purposes.

RELEASE OF INFORMATION TO SCHOOLS, CAMPS SPORTS TEAMS ETC.:

We share information on immunizations to school as permitted by law. However, we will not release any other information without consent of the parent. It is the parent's responsibility to provide written consent if they want forms completed for camps, sports, etc.

RELEASE OF INFORMATION TO LOCAL, STATE, FEDERAL AND SOCIAL AGENCIES & LEGAL PURPOSES:

We share information about our patients to certain government and social agencies for public health reasons. Some examples of this type of release of confidential information are 1. Reporting suspected neglect or abuse. 2. Reporting communicable contagious disease. 3. Reporting animal bites. 4. Reporting immunization adherence or reactions to vaccines. 5. For notification of recall of products or medications our patients may have received. These examples are not complete. We only share what information is required or permitted by State or Federal Law. We may also disclose medical information on patients in response to a court order, subpoena or other lawful process.

RELEASE OF INFORMATION ON MINORS:

We may release information about our patients to parents, other relatives and caregivers, when it is necessary for medical care. How much information is shared depends upon the situation and the age of the patient. The doctor-patient relationship is delicate. As a child matures, certain private medical information may not be shared with parents.

APPOINTMENT REMINDERS, ANSWERING MACHINES AND VOICE MAIL:

We will leave messages on your answering machine for appointment reminders and if the office needs to speak to you regarding test results, financial questions. It is your responsibility to make sure we have your current address & phone number. It is also your responsibility to maintain the privacy of messages left on automated devices.

RETENTION OF MEDICAL RECORDS:

NJ State Law requires that we retain records of immunization indefinitely. However, we are not obligated to retain any other records beyond the time that a patient reaches the age of maturity and or has not been seen by a physician in our practice for at least 7 years.

RIGHT TO INSPECT AND RECEIVE COPIES:

Patients have the right to inspect and receive copies of medical information. In most cases your request will be approved but in some circumstances, access to some information may be denied. Your request must be submitted in writing to: OFFICE MANAGER PEDIATRIC PROFESSIONAL ASSOCIATES, P.A., 330 RATZER RD., SUITE D-20, WAYNE, NJ 07470. There is a fee for the costs of copying, mailing, or other cost related to your request.

RIGHT TO AMEND:

If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information, for as long as the records are kept. Request for amending medical records must be submitted in writing to OFFICE MANAGER PEDIATRIC PROFESSIONAL ASSOCIATES, P.A., 330 RATZER RD, SUITE D-20, WAYNE NJ 07470. You must specify the reason you are requesting the amendment. Your may be denied if it is not submitted properly. We may also deny your request if you ask us to amend information that 1. Was originated elsewhere. 2. We have no direct knowledge of. 3. Is not part of the medical care provided by this office. 4. Is not accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURE:

You may request a record of information disclosure that is not permitted or required by law. Your request must be 1. Submitted in writing. 2. Must state the purpose of the request. 3. Must state a specific time frame. Records will not be provided prior to April 14, 2003. The first accounting for a 12-month period will be provided free of charge. There will be a fee charged for requests for any additional time period.

RIGHT TO REQUEST RESTRICTIONS:

Parents and adult children may request certain restrictions be placed on the release of confidential information. The request must be lawful. For example, one parent cannot lawfully request that we withhold information from another parent without a court order or other documentation that the request is lawful. We are not required to accommodate your request to these restrictions. Requests for restrictions must be submitted in writing and must state 1. What information you want limited. 2. To whom you want the restriction to apply. 3. How long you want the restrictions in place.

CHANGES IN POLICY:

We reserve the right to change our privacy policy and to implement the Revised Version. A current version of our Privacy Policy will always be posted in our waiting rooms and we will make every practical effort to make the policy available to our active patients and parents.

FILING A PRIVACY COMPLAINT:

If you feel that you or your child's privacy has been violated, you may file a complaint with us in writing to: OFFICE MANAGER, PEDIATRIC PROFESSIONAL ASSOCIATES, P.A., 330 RATZER RD., SUITE D-20, WAYNE, NJ 07470. If you wish to file a formal complaint about a privacy violation to the appropriate governing authority you may submit your complaint in writing to the Secretary of the Department of Health and Human Services. We support your right to protect your privacy. We will not retaliate against you or penalize you for filing a complaint.