Notice of Privacy Practices — Pediatric Care Coordination

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: _____

Pediatric Care Coordination is committed to protecting the privacy and security of your child's protected health information (PHI). This Notice explains our privacy practices, your rights, and our responsibilities under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and Oklahoma laws.

YOUR RIGHTS

As a parent, legal guardian, or other legally authorized personal representative, you generally have the following rights regarding your child's health information, subject to exceptions required or permitted by law.

Get an electronic or paper copy of the health information we maintain

- You may ask to inspect or receive an electronic or paper copy of health information we maintain about your child.
- We will act on your request generally within 30 days (with one 30-day extension when permitted) and may charge a reasonable, cost-based fee when the law allows.

Ask us to correct health information

- You may ask us to correct information you believe is incorrect or incomplete.
- We may deny the request in certain circumstances, but we will explain the denial in writing as required by law.

Request confidential communications

- You may ask us to contact you in a specific way, such as at a particular phone number, email address, or mailing address.
- We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or health care operations.
- We are not required to agree to every request. When the law requires us to agree, we will do so.
- If you pay in full out-of-pocket for a service or health care item, you may ask us not to disclose information about that item or service to a health plan for payment or health care operations, unless disclosure is required by law.

Get a list of certain disclosures

- You may request an accounting of certain disclosures of your child's health information for the period allowed by law.
- The accounting generally does not include disclosures for treatment, payment, health care operations, or certain other disclosures excluded by law.

Get a copy of this Notice

- You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Choose someone to act for your child

- If another person has legal authority to act for your child, we will recognize that person's rights as required by law after verifying the authority.
- For minors, there are circumstances in which state or federal law may allow the minor, rather than the parent or guardian, to control particular health information (see Special Privacy Protections below).

File a privacy complaint

- You may file a complaint with Pediatric Care Coordination if you believe your child's privacy rights have been violated.
- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.
- We will not retaliate against you or your child for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share. If you have a clear preference, tell us what you want us to do and we will follow your instructions when the law allows.

- You may tell us whether we may share relevant information with family members, friends, caregivers, or others involved in your child's care or payment for care.
- You may tell us whether we may share information for disaster-relief purposes.
- If we contact you for fundraising purposes, we may do so, and you have the right to opt out of receiving such communications.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes (if we maintain them).
- Uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of PHI.
- Other uses and disclosures not described in this Notice.

You may revoke a written authorization at any time, in writing, subject to legal limitations. We will not sell your child's PHI or use it for marketing when written authorization is legally required without first obtaining that authorization.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

HIPAA permits or requires us to use and disclose PHI in certain circumstances. The following are common examples.

Treatment and care coordination

We may use and share your child's health information with physicians, specialists, hospitals, therapists, pharmacies, home-health providers, and other health professionals involved in the child's treatment or care coordination. For example, we may communicate with a specialist to help coordinate follow-up care.

Payment

We may use and share health information to bill for services, obtain payment, verify coverage, or assist with insurance-related activities when permitted. For example, information may be shared with a health plan as part of an authorized billing or coverage process.

Health care operations

We may use and share health information for activities necessary to operate our services, such as quality improvement, care management, training, compliance, auditing, and business administration.

Business associates

We may share PHI with vendors or contractors who perform services for us when permitted by law. When required, these business associates must appropriately safeguard PHI.

As required or permitted by law

We may use or disclose health information when federal or Oklahoma law requires or permits it, including in circumstances involving public health and safety, suspected abuse or neglect, health oversight, workers' compensation, judicial or administrative proceedings, law enforcement, coroners or medical examiners, and other legally authorized purposes. We will limit disclosures to what the law permits or requires.

To prevent or reduce a serious threat

When permitted by law, we may use or disclose health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of your child or another person.

SPECIAL PRIVACY PROTECTIONS

Minor confidentiality

Under HIPAA (45 CFR § 164.502(g)) and applicable Oklahoma law, there are circumstances in which a minor — rather than a parent or guardian — controls particular health information. This generally applies when the minor may lawfully consent to a service on their own, when the minor may obtain care without parental consent and consents (or a court or other authorized person consents), or when a parent agrees that the minor may have a confidential relationship with the provider. In those circumstances, parental access to the related records may be limited, and authorization to release that information may need to come from the minor. Where the law grants discretion or is silent, the treating provider may use professional judgment to grant or deny access, consistent with law.

Substance Use Disorder (SUD) records

Certain records created by or received from federally assisted substance use disorder treatment programs may be protected by 42 CFR Part 2 in addition to HIPAA. When Part 2 applies:

- We will use and disclose those records only as permitted by applicable federal law.
- Part 2 records received under a valid consent may, when legally permitted, be used and disclosed for treatment, payment, and health care operations consistent with that consent and applicable law.
- Part 2 records generally may not be used or disclosed in legal proceedings against the patient without the patient's written consent or a court order that meets Part 2 requirements.
- You have rights regarding Part 2 records, including the right to an accounting of certain disclosures and the right to request restrictions, as provided by law.

Oklahoma and other laws providing greater protection

Some health information — such as behavioral or mental health, reproductive or sexual health, communicable disease, and genetic information — may receive additional

protection under Oklahoma or other applicable law. When a law provides greater privacy protection or places additional limits on disclosure, Pediatric Care Coordination will follow the more protective requirement when it applies.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of protected health information.
- We will notify affected individuals as required by law if a breach occurs that may have compromised the privacy or security of PHI.
- We must follow the duties and privacy practices described in the Notice that is currently in effect.
- We will not use or share PHI other than as described in this Notice unless you give written permission when authorization is required. You may revoke an authorization in writing, subject to legal limitations.
- We will make this Notice available to any person who asks for it and, when required, make it available on our website.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and make the revised Notice effective for all PHI we maintain, including information created or received before the change. When we make a material change, the updated Notice will be available upon request and through other methods required by law.

QUESTIONS OR COMPLAINTS

For questions about this Notice, to exercise a privacy right, or to file a complaint with Pediatric Care Coordination, contact:

Privacy Officer/Privacy Contact: _____

Pediatric Care Coordination

Mailing Address:

_____

City/State/ZIP:

_____

Phone: _____ Email:

_____

Website (if applicable):

_____

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a HIPAA complaint is available from the HHS Office for Civil Rights. Pediatric Care Coordination will not retaliate against you or your child for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I received or was offered a copy of Pediatric Care Coordination's Notice of Privacy Practices. I understand that signing this acknowledgment does not mean that I am authorizing any special use or disclosure of my child's health information.

_____

Child's Name

_____

Date of Birth

_____

Parent/Legal Guardian Name

_____

Relationship to Child

_____

Parent/Legal Guardian Signature

_____

Date

_____

Preferred Phone

_____

Preferred Email

_____

Pediatric Care Coordination Representative

_____

Date

_____

Notes (if needed)

If acknowledgment is not obtained

For office use only: If the parent/legal guardian does not sign the acknowledgment, document the good-faith effort to provide the Notice and the reason the signature was not obtained.

Date Notice Provided/Offered: _____

Reason acknowledgment was not obtained:

_____

Staff Name/Signature: _____ Date:

_____