



**THE
PEDIATRIC
GROUP**
OF SOUTHERN CALIFORNIA

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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 Pediatric Group and The Allergy Group of Southern California, operating as a health care provider, which is composed of physicians and other licensed health care professionals seeing and treating patients at The Pediatric Group and The Allergy Group of Southern California, uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our practice.

Our commitment to safeguard your medical information

We are committed to protecting the privacy of medical information about you. This includes:

- Information that can be used to identify you that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care.
- We are required by law to maintain the privacy of your medical information and we must provide you with this Notice about our privacy practices that explains how, when, and why we use and disclose medical information about you.
- With some exceptions, we may not use or disclose any more of your medical information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

How we may use and disclose medical information about you

Uses and Disclosures Without Authorization

The following categories describe different ways that we are permitted to use and disclose your medical information without a specific authorization from you.

For Treatment:

- We may use medical information about you to provide you with medical treatment or services.
- We may disclose medical information about you to physicians, nurses, medical students and other health care personnel who provide you with health care services or are involved in your care.
- In addition, many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your medical information in order to treat you or assist others in your treatment.
- We may disclose medical information about you to other health care providers who request such information for purposes of providing medical treatment to you.

For Payment:

- We may use and disclose medical information about you in order to bill and collect payment for the treatment and services provided to you.
- We may also contact your insurance company to obtain prior approval for a treatment you are going to receive or to determine whether it is covered by your plan.
- We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members.
- We may use your medical information to bill you directly for services and items.
- We may provide information about you to other health care providers that have treated you or provided services to you to assist them in obtaining payment.

For Health Care Operations:

- We may use and disclose medical information about you to operate our business. These uses and disclosures are necessary to operate The Pediatric Group and The Allergy Group of Southern California and make sure that all of our patients receive quality care.
- We may disclose medical information about you to another health care provider or health plan with which you also have a relationship for such things as quality assurance and case management.
- We may provide medical information about you to our business associates, such as accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We require these business associates to appropriately safeguard the privacy of your information.

Appointment Reminders and Services:

- We may use and disclose medical information to provide appointment reminders or test results.

Health-related Products and Services:

- We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you or necessary for your treatment.

As Required by Law:

- We will disclose medical information about you when required by federal, state or local law. For example, our practice may disclose information for the following purposes:
 - * For judicial and administrative proceedings pursuant to legal authority.
 - * To report information related to victims of abuse, neglect or domestic violence.
 - * To assist law enforcement officials in their law enforcement duties.
 - * To report reactions to medications or problems with precuts.
 - * To notify people of recalls of products they may be using.
 - * To avert a serious threat to health or safety.
- We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or lessen such harm.

Lawsuits and Disputes:

- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.
- We may disclose medical information about you in response to a court or administrative ordered subpoena or discovery request, but only after efforts have been made to tell you about the request.

Public Health Activities:

- Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents:

- Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ and Tissue Donation:

- Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

Minors:

- We may release medical information about minors to their parents or legal guardians. However, in instances where California law allows minors to consent to their own treatment without parental consent (i.e.: HIV testing), information will not be released to a minor's parents without the minor's consent unless otherwise specifically allowed under California law.

Government Functions:

- Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Other Uses:

- Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent our practice has taken action in reliance on such.

Uses and Disclosures Requiring Authorization

The following categories describe different ways that we are permitted to use and disclose your medical information only with a specific authorization from you.

Other Uses and Disclosures of Medical Information:

- Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with written permission.
- If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.
- If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; however, we cannot take back any disclosures we have already made based upon your prior permission.

Marketing Activities:

- We may not use medical information about you to contact you to encourage you to buy a product or service, which is unrelated to your current care management except with your specific authorization.

Alcohol and Drug Abuse Patient Reports:

- Use and disclosure of any medical information about you relative to alcohol or drug abuse programs, is protected by federal law and regulations. Generally, we may not say to a person outside the program that you are or have attended the program, or disclose any information identifying you as an alcohol or drug abuser, unless: (i) you have consented in writing; (ii) we receive a court order requiring the disclosure; or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

HIV/AIDS Information:

- Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by federal and states law. Generally, an authorization must be obtained for the disclosure of such information; however, state law may allow for disclosure of information for public health purposes.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R. §164.522; however, our practice is not required to agree to a requested restriction.
- Inspect and obtain a copy of your health record as provided for in 45 C.F.R. §164.524.
- Request that your health record be amended as provided in 45 C.F.R. §164.526
- Request communications of your health information by alternative means or at alternative locations.
- Receive an accounting of disclosures made of your health information, other than disclosures of treatment, payment, standard operational procedures, or appointments as provided by 45 C.F.R. §164.528.
- Obtain a paper copy of the notice of information practices upon request.

Complaints

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed in Contact Information below. You also may send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington D.C., 20201 within 180 days of an alleged violation of your rights. You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.

Contact Information

If you have any questions about this Notice or wish to make a complaint about our privacy practices, please contact Jana Yniguez at (818) 996-6000. Written requests or complaints should be sent to this person at 18370 Burbank Boulevard, Suite 307, Tarzana, CA, 91356.

Obligations of Our Practice

Our practice is required by law to:

- Maintain the privacy of protected health information
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.

- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in the offices of The Pediatric Group and The Allergy Group of Southern California. The Notice will contain on the first page, in the top right-hand corner, the effective date. You can also request a copy of this Notice from the contact person listed in Contact Information above at any time or can view a copy of the Notice on our website at: <http://www.thepediatricgroup.net>

Acknowledgement

You will be asked to sign an acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and treatment from The Pediatric Group and The Allergy Group of Southern California is not conditioned upon your providing the written acknowledgement.