

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (this “Notice”) is for Northeast Cincinnati Pediatric Associates, Inc. (the “Practice”) which provides health care services to you and is committed to protecting the privacy and security of your protected health information (sometimes referred to as “PHI”). Protected health information is information about you, including demographic information (name and address, for example), that may identify you and that relates to your past, present or future physical or mental health information and related health care services. While you are a patient of the Practice, we create records of the health care services that have been provided to you; these records include PHI. We need these records to provide you with quality health care services and to comply with legal requirements.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice regarding our legal duties and our privacy practices with respect to your protected health information so that you will understand your rights, our legal duties, and how we may use or disclose protected health information about you.

A. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe the ways that we use and disclose protected health information about you. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose protected health information about you will fall into one of these categories.

1. **For Treatment:** We may use or disclose protected health information about you to provide you with health care services. For example, we may use protected health information about you to write a prescription or treat an injury. We may disclose protected health information about you to other health care professionals and health care providers who need to know about the health care services we provide in order for them to treat you.
2. **For Payment:** We may use or disclose protected health information about you so that the health care services you receive through the Practice may be billed to you, an insurance company, or a third party. For example, if you have health insurance, we will disclose information to your health plan about services provided to you. We may also tell your health plan about a health care service you are going to receive to obtain prior approval or to determine whether your plan will cover the health care service.
3. **For Health Care Operations:** We may use or disclose protected health information

about you for our health care operations. For example, we may use health care information about you to assess the health care services provided to you in an effort to continually improve the quality and effectiveness of the services we provide. We may also use protected health information about our patients to decide what additional services we should offer.

4. Other Uses and Disclosures of Protected Health Information About You:

Business Associates: We receive certain services through contracts with business associates. Examples of business associates include attorneys, consultants, or a copy service used when making copies of your health record. When we contract for these services, we will disclose information to these business associates so that they can perform their jobs. To protect the information about you, however, we require the business associate to safeguard the information appropriately.

Individuals Involved in Your Health Care Services or Payment for Your Health Care Services: We may disclose protected health information about you to a family member, a close personal friend, or any other person identified by you. We will disclose only the information that is directly relevant to that individual's involvement with your health care services or with the payment for your health care services. You have the right to object to these disclosures. If you are not present or unable to object, we may disclose the protected health information if we determine, in the exercise of our professional judgment, that the disclosure is in the best interests of you.

Required by Law: We may Use or disclose protected health information about you as required by state, federal, or local law, but only to authorized persons, and only to the extent necessary to meet the requirements of those laws.

Public Health Activities: We may disclose protected health information about you to a public health authority that is authorized to receive such information for public health purposes, including:

- Prevention or control of disease, injury or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products; and
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Abuse, Neglect, or Domestic Violence: We may disclose information about you to the appropriate authorities if we believe that you have been the victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose protected health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for health oversight agencies and the government to monitor the health care system, government programs, and compliance with civil rights laws. For example, we may use or disclose protected health information for purposes of notifying the Food and Drug Administration, also known as the FDA, of adverse events with respect to products and product recalls, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Judicial or Administrative Proceedings: We may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a HIPAA-compliant subpoena or court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may disclose protected health information about you when requested by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, if you are the victim of a crime and, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct occurring on the premises of the Practice; or
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners Medical Examiners and Funeral Directors: We may disclose protected health information about you to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: If you are an organ or tissue donor, we may disclose protected health information about you to organizations that handle organ procurement to facilitate donation and transplantation.

Research: We may disclose protected health information about you to researchers when we have documentation that an institutional review board has approved the research and that the institutional review board has reviewed the research proposal and established protocols to ensure the privacy of the health information.

To Avert a Serious Threat to Health or Safety: We may disclose protected health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure would only be to someone able to help prevent the threat.

Specialized Government Functions: We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. If you are a member of the armed forces, we may disclose protected health information about you as required by military authorities. We may also disclose protected health information about foreign military personnel to the appropriate foreign military authority. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose protected health information about you to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation: We may disclose protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Benefits and Services: We may use or disclose protected health information about you to tell you about possible health care options or alternatives that may be of interest to you, or to tell you about health benefits or services that may be of interest to you. For example, we may use information about you to provide prescription refill reminders to you.

Electronic Storage and Transmission: We may record and transmit your health information electronically, including through local, regional, state and national health information networks.

Data Breach Notification Purposes: We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or the Department of Health; or both.

Additional Restrictions on Use and Disclosure: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- HIV and AIDS;
- Mental health;

- Genetic tests;
- Alcohol and drug abuse or treatment;
- Sexually transmitted diseases and reproductive health information; and
- Child or adult abuse or neglect, including sexual assault.

Marketing: We must receive your authorization for any use or disclosure of protected health information for marketing, except when we disclose the information face to face to you personally. It is not considered marketing to send you information related to your individual treatment, case management, or care coordination, or to direct or recommend alternative treatment, therapies, health care providers or settings of care. We may send information in those circumstances without written permission. **If the marketing is to result in direct or indirect payment to us by a third party, we will say so on the authorization.**

Sale of PHI: We must receive your authorization before we sell your PHI. Such authorization will state that the disclosure will result in remuneration to the Practice.

Confidentiality of Psychotherapy Notes: We must receive your authorization for any use or disclosure of psychotherapy notes relating to you, except: for use by the originator of the psychotherapy notes for treatment; for use or disclosure by the Practice for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; for use or disclosure by the Practice to defend itself in a legal action or other proceeding brought by you or on your behalf; to the extent required to investigate or determine the Practice's compliance with the HIPAA regulations; to the extent that the law requires this use or disclosure and the use or disclosure complies with and is limited to the relevant requirements of the law; for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; for disclosure to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; or if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and we are making the disclosure to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Other Health-Related Products or Services: We may, from time to time, use your protected health information to determine whether you might be interested in, or whether you might benefit from, treatment alternatives or other health-related programs, products or services that we might be able to make available to you. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services that are not health-related without your written permission.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

B. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

Although your health record is our property, the information contained in that record belongs to you. You have the following rights regarding your protected health information (**IMPORTANT: YOUR RIGHTS DESCRIBED BELOW MAY NOT APPLY IN CERTAIN CIRCUMSTANCES. PLEASE READ “D,” BELOW FOR THOSE LIMITS**):

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you to carry out treatment, payment, or health care operations. You also have the right to request a limit on the disclosure of your protected health information to someone who is involved in your care or involved in the payment for such care. For example, you may request that we not allow a certain family member to know what medications you are prescribed. You have the right to require restrictions on disclosure of your protected health information to a health plan for purposes of carrying out payment or health care operations where you have, or someone other than the health plan has, paid out of pocket, in full, for items or services, and we are required to honor this request (unless otherwise required by law).

Otherwise, we are not required to agree to your request. If we do agree, we will comply with your request unless (1) the information is needed to provide you emergency treatment, (2) you revoke it, or (3) we notify you that we are terminating the restriction.

You must submit your request to us in writing. In your request, you must tell us (1) what information you want to limit; and (2) to whom you want the limits to apply.

Right to Request Alternate Communications: You have the right to request that we communicate with you in a confidential manner or at a specific location. For example, you may ask that we contact you only via mail at a post office box. You must submit your request in writing to us. Your request must specify how or where you wish us to contact you. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Inspect and Copy: With some limited exceptions, you have the right to review and request a copy of your protected health information including laboratory results. Our laboratory is required to provide you with a completed laboratory report within 30 days of your request. You must submit your request in writing to our Chief Privacy Officer at the location described below under “Contacting Us.” You will be required to authenticate your identity in your request by providing your name and date of birth and a copy of your driver’s license. We may charge a fee for the costs of copying, mailing or other supplies

associated with your request. You have a right to access your protected health information in electronic format upon request, were it is available. Your request to inspect and copy may be denied in certain limited circumstances. If you are denied access, you may request that the denial be reviewed.

Right to Amend: If you feel that protected health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as we keep the information or someone else is keeping it for us. You must submit your request to us in writing to our Chief Privacy Officer at the location described below under “Contacting Us.” In addition, you must provide a reason for your request.

We may deny your request for an amendment if you do not make your request in writing or include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for us;
- Is accurate and complete; or
- Is not part of the information you would be permitted to inspect and copy.

If we deny your request for an amendment, and you disagree with the reason for the denial, you may file a statement of disagreement in your record and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This accounting will list certain disclosures we made of your protected health information, other than those made for purposes such as treatment, payment, or health care operations. Certain other disclosures, such as disclosures to you, disclosures pursuant to your authorization, incidental disclosures, and disclosures in certain emergency situations, are also excluded from the accounting.

You must submit your request in writing to our Chief Privacy Officer at the location described below under “Contacting Us.” Your request must state a time period not to be longer than six years from the date you submit your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a

copy of this notice at any time by contacting us at the location described below under “Contacting Us.” You may also obtain a copy of this Notice on our website.

C. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION ABOUT YOU.

We will not use or disclose your protected health information other than as covered by this notice or the laws that apply to us, or with your written authorization. If you authorize us to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

D. SPECIAL LIMITS ON YOUR RIGHT TO LEARN ABOUT HEALTH CARE SERVICES PROVIDED.

Generally, we will treat personal representatives under applicable law (which usually includes parents, guardians and other persons acting in loco parentis of unemancipated minor children) as if they were you for purposes of this Notice, subject to the following limitations.

Abuse, Neglect and Endangerment Situations: We may elect not to disclose to your personal representative information about health care services we provide to you, or information about to whom we may have disclosed such information, if:

- (1) We have a reasonable belief that:
 - (A) You have been or may be subjected to domestic violence, abuse, or neglect by such personal representative; or
 - (B) Disclosing information to such personal representative could endanger you; and
- (2) In the exercise of our health care providers’ professional judgment, we decide that it is not in your best interest to disclose that information.

Child Has the Right to Make Health Care Decisions: We are not permitted to disclose to parents or other individuals information about health care services we provide to you, or information about to whom we may have disclosed such information, if:

- (1) You qualify as an adult or emancipated minor, unless you designate such individual as your personal representative or such individual otherwise has authority under applicable law to act on your behalf;

- (2) You are not an adult or emancipated minor, but —
- (A) You consent to our providing health care service; no other consent to such health care service is required by law; and you have not requested that we should treat the individual as your personal representative; or
 - (B) You may lawfully obtain a health care service from us without the consent of a parent, guardian, or other person acting in loco parentis, and you, a court, or another person authorized by law consents to our providing the health care service; or
 - (C) A parent, guardian, or other person acting in loco parentis of or to you approves an agreement of confidentiality between us and you with respect to the health care service.

However, we may disclose to your parent, guardian or other person acting in loco parentis information about you if you are an unemancipated minor child and such disclosure is required or permitted under State or other law. In addition, where there is no applicable State or other law provision regarding access to the information, we may disclose information about you to your parent, guardian or other person acting in loco parentis if you are an unemancipated minor child and if such disclosure is consistent with State or other applicable law and such decision is made by one of our licensed health care professionals in the exercise of professional judgment.

Local Law Requires or Permits Us to Restrict Access to Health Care Information:

Even if you are an unemancipated minor child, we are not permitted to disclose to your parent, guardian or other person acting in loco parentis information about health care services we provide to you, or information about to whom we may have disclosed such information, if State or other law prohibits us from making such disclosure.

E. CHANGES TO THIS NOTICE.

We are required to abide by the terms of this notice, as we may update it from time to time. We reserve the right to change this notice and to make the changed notice effective for information we already have about you as well as any information we receive in the future. If we change this notice, the new notice will specify the effective date for the changed notice, and we will distribute the new notice to all patients on service at the time of the change or to the extent required by law. You may obtain copies of the current notice by contacting us at the location described below under “Contacting Us” or by visiting our website.

F. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with us at the location described below under “Contacting Us” or with the Secretary of the Department of

Health and Human Services. You must submit all complaints in writing. We will not retaliate against you for filing a complaint.

G. BREACH NOTIFICATION.

In the event of any breach of unsecured PHI, we shall fully comply with HIPAA's and HITECH's breach notification requirements, which will include notification to you of any impact that breach may have had on you, you or your other family member's and actions we undertook to minimize any impact the breach may or could have on you or your child.

H. CONTACTING US.

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at this address:

Northeast Cincinnati Pediatric Associates, Inc.
Attention: HIPAA Privacy Request
8185 Corporate Way
Mason, OH 45040

I. EFFECTIVE DATE.

The effective date of this Notice is October 21, 2016.