



GOLD STANDARD PEDIATRICS, LLC

803 North Fant Street, Suite 2A, Anderson, South Carolina 29625

Phone (864) 318-0220 – Fax (864) 642-4930

NOTICE OF PRIVACY PRACTICES as required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PLEASE REVIEW THIS NOTICE CAREFULLY.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED OR DISCLOSED AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

A. Commitment to Privacy

Gold Standard Pediatrics, LLC is committed to maintaining the privacy of your individually identifiable health information (IIHI). In the course of conducting business, we will generate records regarding you and the services/treatment we provide to you. We are required by law to maintain the confidentiality of all health information that identifies you. We are also required by law to provide you with this Notice that describes our duties under the law and the specific practices we have implemented to maintain the privacy of you IIHI. State and Federal Law mandate that we follow the terms of the Notice of Privacy Practices that are in effect at the time that you become a client in this clinic.

We must provide you with the following information:

- How we may use or disclose your IIHI
- Your right to privacy with respect to your IIHI
- Our obligations regarding the use and disclosure of your IIHI
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The terms of this Notice apply to all records containing your IIHI created or retained by Gold Standard Pediatrics, LLC. We reserve the right to revise or amended this Notice of Privacy Practices as needed to comply with prevailing State or Federal Law. Any revision or amendment to this Notice will apply to all past and future records generated by this practice that contain your IIHI. A copy of our current Notice of Privacy Practice will be posted in a noticeable location in the clinic at all times. You may request a copy of the current Notice of Privacy Practices at any time.

B. Questions About This Notice

If you have any questions about the Gold Standard Pediatrics, LLC Notice of Privacy Practices please contact:

GOLD STANDARD PEDIATRICS, LLC
Attn: Privacy Officer
803 North Fant Street, Suite 2A
Anderson, South Carolina 29621

Phone (864) 318-0220
Fax (864) 642-4930

C. Ways In Which Your IIHI May Be Used or Disclosed

Described below are the ways in which we may use and thee reasons for which we may disclose your IIHI:

- 1. Treatment.** We may use or disclose your IIHI in order to render the most appropriate treatment for your medical condition. For example, we may ask you to have a laboratory test (blood test, urine test, etc.) performed and we may use the results to help us reach a diagnosis. We may use your IIHI in order to write a prescription for you or disclose your IIHI to a pharmacy when a prescription is ordered for you. The people who work for this practice – including, but not limited to, our doctor(s) and nurse(s) – may use or disclose your IIHI in order to treat you or to assist other in your treatment. Additionally, we may use or disclose your IIHI to others who participate in your care such as other health care workers, your spouse, your children or your parents.
- 2. Payment.** We may use or disclose your IIHI in order to bill and collect payment for services and items you receive from us. We may use or disclose your IIHI to bill you directly for services and items. Alternatively, we may use or disclose your IIHI to obtain payment from third parties (i.e., family members) that may be responsible for such costs.
- 3. Operations.** We may use or disclose you IIHI in order to operate our business. For example, we may use you IIHI to evaluate the quality of care your received from us, to develop protocols and clinical guidelines, to develop training programs and to id in credentialing, medical review, legal services and insurance. It may be necessary for us to share information about you with such insurers or other business associates as necessary to obtain the needed services.
- 4. Appointment Reminders.** We may use and disclose your IIHI in order to contact you to remind you of and upcoming clinic appointment.

5. **Treatment Options.** We may use or disclose your IIHI in order to inform you of potential treatment options or alternatives.
6. **Health Related Benefits and Services.** We may use or disclose your IIHI in order to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** From time-to-time, we may release your IIHI to a family member or friend that is involved in your care or who assists in caring for you. For example, a parent or guardian may ask the babysitter to take their child to the pediatrician's office for treatment of an illness. In such an instance, the babysitter may have access to the child's IIHI.
8. **Disclosures Required by Law.** We may use or disclose your IIHI when we are required to do so by Federal, State or Local Law.

D. Special Circumstances for Which Your IIHI May Be Released

1. **Public Health Risks.** We may disclose your IIHI to public health authorities that are authorized by law to collect information for the following purposes:
 - Maintaining vital statistics (i.e., birth records, death records)
 - Reporting child neglect or child abuse
 - Preventing or controlling disease, injury or disability
 - Notifying a person about potential exposure to a communicable disease
 - Notifying an individual regarding the potential risk of spreading or contracting a disease or condition
 - Reporting drug reactions
 - Reporting problems with products or devices
 - Notifying individuals about recalls of products or devices they may be using
 - Notifying appropriate government authorities or agencies regarding the potential neglect or abuse (including domestic violence) of an adult patient
 - Notifying employers (under limited circumstances) of concerns related to illness, medical surveillance or workplace injury
2. **Health Oversight Activities.** We may disclose your IIHI to a health oversight agency for activities authorized by law such as:
 - Inspections, investigations, audits or surveys
 - Licensure and disciplinary actions
 - Civil, administrative, criminal procedures or actions
 - Other activities necessary for the government to monitor government programs
 - Compliance with civil rights laws and the health care system in general
3. **Lawsuits and Similar Proceedings.** We may use and/or disclose your IIHI in response to:
 - A court order or administrative order if you are involved in a lawsuit

- A discovery request, subpoena or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request or to obtain and order protecting the information the party has requested
- 4. Law Enforcement.** We may disclose IIHI if asked to do so by a duly authorized law enforcement official:
- Regarding a crime victim (only in certain situations if we are unable to obtain the person's agreement or authorization)
 - Concerning a death believed to have been the result of criminal conduct
 - Regarding criminal conduct at our office(s)
 - Responding to a duly executed warrant, summons, court order, subpoena or similar legal process
 - Identifying or locating a suspect, fugitive, material witness or missing person
 - Reporting a crime which may include information regarding the location of the crime, the victim(s) of the crime, a description of the perpetrator, the identity of the perpetrator or the location of the perpetrator
- 5. Deceased Patients.** IIHI may be released to a Medical Examiner or Coroner to identify a deceased individual and/or to identify the cause of death of an individual. At times, it may also be necessary to release IIHI in order for Funeral Directors to perform their jobs.
- 6. Organ and Tissue Donation.** If you are an Organ Donor, IIHI may be released to organizations, including organ/tissue donation banks, which handle organ and tissue procurement for the purpose of transplantation.
- 7. Research.** We may use and/or disclose your IIHI for Research Purposes under certain limited circumstances. Your written Authorization will be obtained in order to use your IIHI for research purposes except:
- When our use or disclosure of was approved by an Institutional Review Board or a Privacy Board
 - When we obtain the oral or written agreement of a Researcher that –
 - the information being sought is necessary for the research study
 - the disclosed IIHI is being used only for the research
 - the Researcher will not remove any of the IIHI from our practice
 - When the IIHI sought by the Researcher only relates to decedents
 - When the Researcher agrees either orally or in writing that the use or disclosure is necessary for the research
 - When the Researcher provides us with proof of death prior to accessing IIHI of the decedents if we request it.
- 8. Serious Threats to Health or Safety.** When necessary, we may use and/or disclose your IIHI in order to reduce the risk of or prevent:
- A serious threat to your health and safety
 - A serious threat to the health and safety of another individual

- A serious threat to the health and safety of the general public
9. **Military.** If required by the appropriate authorities, we may disclose your IIHI to those authorities if you are a member of US or foreign military forces (including veterans).
10. **National Security.** We may disclose your IIHI to Federal Official for the purposes of Intelligence and National Security activities as authorized by Law.
11. **Inmates.** We may disclose your IIHI to correctional institutions or law enforcement officials if you are and inmate of the institution or under the custody of a law enforcement official. Disclosure for these purposes would be necessary –
- For the institution to provide health care services to you
 - For the safety and security of the institution
 - To protect your health and safety
 - To protect the health and safety of other individuals
12. **Workers Compensation.** We may release your IIHI for Workers' Compensation claims or similar programs.

E. Your Rights Regarding Your IIHI

The health and billing records we maintain are the physical property of Gold Standard Pediatrics, LLC. However, the information in those records belongs to you. You have the right to:

1. **Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. (For instance, you may request to be contacted at home rather than at work.) In order to request a specific mode of confidential communication, you must submit a written request the Privacy Officer of this practice that specifies the requested method of contact you desire and/or the location where you prefer to be contacted. You do not need to provide a reason for the request. We will make every effort to accommodate any reasonable request.
2. **Restrictions on Disclosure.** You have the right to request that we restrict the use and/or disclosure of your IIHI only for purposes of treatment, payment or health care operations. You also have the right to request that we restrict disclosure of your IIHI to only certain individuals involved in your care or involved in the payment for your care. Although we will make all reasonable efforts to accommodate your request, **we are not required by law to agree with the request.** However, if we do agree to your request, we are bound by our agreement except when disclosure is otherwise required by law, in the case of an emergency or when disclosure of your IIHI is necessary for you to receive appropriate medical treatment.

In order to request a restriction in the use or disclosure of your IIHI, the request must be made in writing to the Privacy Officer. The request must describe as clearly and concisely as possible-

- The information you wish to be restricted

- Whether you are requesting to limit our use of your IIHI, our disclosure of your IIHI or both our use and disclosure of your IIHI
 - To whom you want the restrictions to apply
- 3. Inspection and Copies.** You have the right to inspect and/or obtain a copy of the IIHI used to make decisions about your medical treatment which includes patient medical records and patient billing records. This right to inspection and copies does not include psychotherapy notes. You must submit all requests to inspect and/or obtain copies of your IIHI in writing to the Privacy Officer. The practice may charge a fee for the costs of copying, mailing, labor and supplies associated with fulfilling your request. In certain limited circumstances, we may deny your request to inspect and/or receive a copy of your IIHI. You may, however, request a review of our denial of your request. Another licensed health care professional, chosen by us, will conduct the reviews.
- 4. Amendment.** You have the right to request that the information in your health record be amended if you believe the information in the record is incorrect or incomplete. You may request the amendment for as long as the information is retained by this practice. To request an amendment to the record, you must the request in writing to the practice Privacy Officer. In order for us to consider amendment of the record, you must provide us with a reason that supports your request for amendment. Your request will be denied if your fail to submit the request and the reason for the request in writing. We may also deny your request if you ask us to amend information that is, in our opinion:
- Accurate and complete in its present form
 - Not part of the IIHI kept by or for this practice
 - Not part of the IIHI which you would be permitted to inspect and/or copy
 - Not generated or created by this practice, unless the individual that created the IIHI is not available to amend the information
- 5. Accounting of Disclosures.** All patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures the practice has made of your IIHI for reasons other than treatment, payment or health care operations. Use of your IIHI as part of routine patient care in the practice is not required to be documented. In order to obtain an “accounting of disclosures”, you must submit your request to the Privacy Officer in writing. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years, from the date of the disclosure and may not include dates before April 14, 2003. The first list of disclosures you request within any given 12-month period will be provided free of charge, but there may be a charge for additional lists provided within the same 12-month period. You will be notified of the costs associated with additional requests and you may withdraw your request before you incur any charges.
- 6. Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of the Notice of Privacy Practices. You may request a copy of this Notice at any time. To obtain a paper

copy of the Notice of Privacy Practices for Gold Standard Pediatrics, LLC, contact the Privacy Officer.

- 7. Right to File a Complaint.** If you believe that your rights to privacy have been violated, you may file a complaint with this practice or with the Secretary of the US Department of Health and Human Services. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.** To file a complaint with this practice, contact:

GOLD STANDARD PEDIATRICS, LLC
Attn: Privacy Officer
803 North Fant Street, Suite 2A
Anderson, South Carolina 29621

- 8. Right to Provide Authorization for Other Uses and Disclosures.** We will obtain your written authorization for any use(s) or disclosure(s) of your IIHI that are not identified in this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. Once you have revoked your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please Note: We are required to retain records of your care.

If you have any questions regarding this Notice of Privacy Practices or the Gold Standard Pediatrics, LLC Health Information Privacy Policies, please contact the Privacy Officer using the contact information provided above.

ACKNOWLEDGEMENT

I hereby acknowledge that I have received and read (had the opportunity to read) the Gold Standard Pediatrics, LLC HIPAA Notice of Privacy Practices. I understand that I may request additional copies of this Notice at any time.

Patient Name

Responsible Party

Relation

Signature of Responsible Party

Date

The following individuals have my permission to access my health care records:

Patient Name

Relation

Patient Name

Relation

Patient Name

Relation

Patient Name

Relation

Patient Name

Relation