



PROGRESSIONS
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

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.

This notice takes effect on July 1, 2015 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Progressions. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR DUTIES

Law requires us to keep your medical information private and to give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information. Progressions will follow the terms of this current notice, but we have the right to change our privacy practices and the terms of this notice at any time, provided that law permits the changes. We also have the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by contacting Brad Berman, MD at this office at 925-279-3480. If Dr. Berman is not available, you may write to this address:

Progressions Developmental and Behavioral Pediatrics
1801 Oakland Blvd., Ste. 340
Walnut Creek, CA 94596

FOR TREATMENT: Progressions may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Emergencies: We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Research in Limited Circumstances: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director or an organ procurement organization.

Specialized Government Agencies: We may disclose your health information for military personnel and veterans, for national security, for protective services for the President and others, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Health Oversight Activities: We may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review.

Public Health Activities: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Victims of Abuse, Neglect, or Domestic Violence: We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Workers Compensation: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Law Enforcement: We may have to disclose your medical information in conjunction with a criminal investigation by a federal or state law enforcement agency.

Appointment Reminders: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and Additional Medical Services: We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

- A. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed in this notice. If you request copies, we may charge a fee plus postage if you want the copies mailed to you. Contact us for a full explanation of our fee structure.
- B. Receive a list of all the times we or our business associates share your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- C. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

- D. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be **made in writing** to the contact person listed in this notice.
- E. Request that we change certain parts of your medical information. This request must be **made in writing**. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- F. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed in this notice.

5. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave., S.W.
Room 509F HHH Building
Washington, DC 20201

We will not retaliate in any way if you choose to file a complaint.

ADDENDUM

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). This stimulus package included provisions known collectively as the Health Information Technology for Economic and Clinical Health Act (HITECH). These provisions will go into effect on February 17, 2010.

The new requirements involve: (1) notifying patients (and the Department of Health and Human Services) when their protected health information (PHI) is improperly accessed or disclosed; (2) greater patient control over how their PHI is accessed and used; (3) mandated changes to agreements between covered entities and business associates; and (4) accounting of all disclosures of PHI for those patients whose medical records are electronic. PHI is confidential patient information in any form or medium (including paper and electronic) of mental or physical medical conditions, the treatment of those conditions and the payment for that care.

As of February 22, 2010, physicians covered under HIPAA must notify each patient whose "unsecured" PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed inappropriately, *unless the breach essentially poses no risk of harm to the patient*.

Upon discovery of a breach, physicians and business associates involved in the breach should perform a risk assessment to determine if notification is required, and document the details of assessment. For example: if information is inadvertently faxed to the wrong doctor's office, and a staff member from that office subsequently informs you that they received the information in error and have shredded it, it would be reasonable to assume in this situation that the patient is not at risk of significant harm as a result of this breach; therefore, notification of the breach would not be required.

If it is determined that the breach poses a risk of harm and notification is required, the covered entity will notify the affected patient(s), HHS, and in some cases, the media. Annual notice to the Secretary of HHS suffices for breaches involving fewer than 500 individuals.

When notifying individuals, or their next of kin, provide written notification by first-class mail. If contact information is outdated or insufficient, a reasonable, calculated substitute to reach the individual must be made. If there is outdated or insufficient information for fewer than ten individuals, substitute notice may be provided by an alternative written notice, telephone, or other means.