

NOTICE OF PRIVACY PRACTICES OF My Second Home Pediatrics, PLLC

**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.**

Effective: September 1, 2011

If you have any questions or requests, please contact:

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A. MY SECOND HOME PEDIATRICS IS COMMITTED TO YOUR FAMILY'S PRIVACY

Our practice is dedicated to maintaining the privacy of health information that can be identified directly with you or your family. Individually Identifiable Health Information (IIHI) is known as protected health information (PHI) because its use and disclosure are protected by law. In conducting our business, we will create records regarding your child and the treatment and services we provide to him or her. We are required by law to maintain the confidentiality of health information that specifically identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your family's PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI (IIHI) that are created or retained by My Second Home Pediatrics. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of you records that we may create or maintain in the future. My Second Home Pediatrics will post a copy of our current Notice in our Office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. MY SECOND HOME PEDIATRICS MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

- 1. Treatment.** Our practice may use your child's PHI to treat your child. For example, we may ask you to obtain laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child's PHI in order to write a prescription for him or her. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your child's PHI to others who may assist in your care, such as your spouse, other children, or grandparents. Finally, we may also disclose your PHI to other health care providers for purposes related to your child's treatment.
- 2. Payment.** Our practice may use and disclose your child's PHI in order to bill and collect payment for services and items you may receive from us. For example, My Second Home Pediatrics may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your child's treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's PHI to bill you directly for services and items. We may disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your child's PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child's PHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your child's PHI to contact you and remind you of an appointment.
- 5. Treatment Options.** Our practice may use and disclose your child's PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your child's PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends.** Our practice may release your child's PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to My Second Home Pediatrics for treatment of a cold. In this example, the babysitter may have minimal access to this child's medical information.
- 8. Disclosures Required By Law.** Our practice will use and disclose your child's PHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - maintaining vital records, such as births and deaths
 - reporting child abuse or neglect
 - preventing or controlling disease, injury, or disability

-If your child has one of several specific communicable diseases (for example, tuberculosis), information about your child's disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your child's communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of disease.

- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying parents if a product or device their child may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

2. Health Oversight Activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or 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. Our practice may use and disclose your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to 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 an order protecting the information the party has requested.

4. Law Enforcement. We may release child's PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the parent's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at to office of My Second Home Pediatrics
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- If you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose you name to any police officer or other law enforcement officer unless you consent to our sharing it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep you name confidential.

5. Serious Threats to Health or Safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. Workers' Compensation and Disability. Our practice may release your child's PHI for determination of disability or similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about your child:

1. Confidential Communications. You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030), specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030). Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030) in order to inspect and/or obtain a copy of your child's PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the HIPAA Privacy and Security Officer at My Second Home Pediatrics(248-865-0030). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment, non-payment or non-operations purposes. Use of your child's PHI as part of the routine patient care in our practice is not required to be documented. For example, our practice is not required to document a disclosure such as the doctor sharing information with the nurse; or the billing department using your information to file your insurance. In order to obtain an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy and Security Officer at My Second Home Pediatrics(248-865-0030). 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 disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Special Provisions for Minors under North Carolina Law. Under North Carolina law, minors, with or without the consent of a parent of guardian, have the right to consent to services for the prevention, diagnosis, and treatment of

certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

7. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030).

8. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

9. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the HIPAA Privacy and Security Officer at My Second Home Pediatrics (248-865-0030).