

Notice of Privacy Practices

Weymouth Pediatrics
851 Main St, Suite 25
Weymouth MA 02190
781 335 3012
Privacy Officer: Javed Hussain

(For the purpose of this notice, “YOU” construed you, your child or a dependent, cared at our facility).

At **Weymouth Pediatrics**, we value our patients and are very careful in the way we safeguard personal health information. This Notice of Privacy Practices explains how our office and its staff member may utilize and disclose your Protected Health Information (PHI) for the purpose of treatment, payment, and other health care operations as described below. Your PHI may also be used for other purposes allowed or required by law.

We may use and disclose your health information in the following ways

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may send you to have laboratory test, use your PHI to write a prescription for you. Additionally, we may disclose your PHI to your spouse and other legal entities who you authorize to seek treatment of your child. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the medical services. For example, we may give your health insurer your pertinent health information to certify your eligibility for benefits and to file claims for payment. We also may use and disclose your PHI to obtain payment from you and other parties that may be responsible for such costs, such as family members.
- 3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your 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 PHI to a friend or family member that is involved in your care and authorized by you for example, you may authorize your babysitter to bring your child to our office for an acute illness.

8. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, State or local laws.

Below are special circumstances where we may use or disclose your PHI

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of public safety.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities like investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; 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 PHI in response to a court or administrative order in a lawsuit or similar proceeding.

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

7. Research. Our practice may use and disclose your PHI for research purposes but only after we obtain your written authorization.

8. Serious Threats to Health or Safety. Our practice may use and disclose your PHI to reduce or prevent a serious threat to your health and safety or the health and safety of other individuals.

9. Military. Our practice may disclose your PHI if you are a member of U.S. military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

Your Privacy rights

1. Access to your medical record.

Upon written request you have the right to inspect and get copies of your health information. Once we received the request, an appointment will be made for you to see the records. To make copies of your records a charge of 25 dollars will be posted to you.

2. You have the right to request that access to your health information be limited.

This means you may ask us to restrict or limit the medical information we use or disclose for treatment, payment, or health care operations (described above). Weymouth Pediatrics is not required to agree to a restriction that you ask for. We will tell you if we reject your request. If we do agree to the requested restriction, we will not violate that restriction unless it must be violated to provide emergency treatment.

3. You have the right to request to receive private communications in another way or at other locations.

We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box. We will not ask you to explain why you are making the request. Requests must be made in writing to Patient Registration.

4. You have the right to request changes to your health information.

This means you may ask for changes to be made (amended) in PHI about you in a designated record set for as long as we keep this information. In certain cases, we may deny your request for a change. If we deny your request, you have the right to file a statement with our Privacy Officer, stating that you disagree. We may prepare a response to your statement and will provide you with a copy of this response.

6. You have the right to receive a paper copy of this Notice of Privacy Practices.

Questions/ Concerns ?

Office For Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70
61 Forsyth St., SW
Atlanta, GA 30303-8909
(404) 562-7886 (phone) ; (404) 562-7881 (fax)

You may obtain a copy of this notice at our Web site: www.weymouthpediatrics.com. If you need to receive this notice in another format, please contact the Weymouth Pediatrics at 781 335 3012.