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### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PEDIATRIC HEALTH ASSOCIATES, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pediatric Health Associates, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Pediatric Health Associates, P.C. or received by Pediatric Health Associates, P.C. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Pediatric Health Associates P.C. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. (1)

Pediatric Health Associates, P.C. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

#### Uses and Disclosures of Your Protected Health Information Not Requiring Your Consent

Pediatric Health Associates, P.C. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions and uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV results.

#### Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Pediatric Health Associates, P.C. may determine that you require the services of a specialist. In referring you to another doctor, Pediatric Health Associates, P.C. may share or transfer your healthcare information to that doctor.

Payment activities may include:

Activities undertaken by Pediatric Health Associates, P.C. to obtain reimbursement for services provided to you:

Determining your eligibility for benefits or health insurance coverage;

Managing claims and contacting your insurance company regarding payment;

Collection activities to obtain payment for services provided to you;

Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;

Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Pediatric Health Associates P.C. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include

Contacting healthcare providers and patients with information about treatment alternatives;

Conducting quality assessment and improvement activities;

Conducting outcomes evaluation and development of clinical guidelines;

Protocol development, case management, or care coordination;

Conducting or arranging for medical review, legal services, and auditing functions.

For example, Pediatric Health Associates, P.C. may use your diagnosis, treatment and outcome information to measure the quality of the services that we provide, or assess the effectiveness of our treatment when compared to patients in similar situations.

Pediatric Health Associates, P.C. may contact you by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Pediatric Health Associates, P.C. is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

As permitted or required by law.

In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies.

For example, we may have to report abuse, neglect, domestic violence, or certain physical injuries. We are required to report gunshot wounds or any other wound to believe that the wound occurred as a result of a crime.

It is the policy of Pediatric Health Associates, P.C. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards. This Notice of Privacy Practices is effective April 14, 2003.

PEDIATRIC HEALTH ASSOCIATES, P.C      Notice of Privacy Practices      Effective April 14, 2003

This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520.