

Personalized Pediatrics, LLC 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.

Uses and Disclosures

Treatment. Your health information will be used to provide your medical care. We may share your information with your primary pediatrician in order to provide you with continuity of care. We disclose medical information to our staff and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may also share this information with a pharmacist who needs it to dispense a prescription to you or to a laboratory that performs a test.

Payment. Your health information may be used to obtain payment for the services we provide. It may be used to assist you if you choose to seek payment from your health plan or from other sources of coverage. It may be used to seek payment from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities, business planning, computer processing and management of Personalized Pediatrics. We may share your medical information with others who participate in the health care operations and activities of the practice. We may also use and disclose this information to request that your health plan authorize services or referrals or as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. For example, when the law requires us to report abuse, neglect or domestic violence or to respond to judicial or administrative proceedings or to law enforcement officials, we will comply with those requirements.

Follow Up Phone Calls. In order to provide you with high quality care and to continue with constant quality assessment and improvement, we may use your information to contact you or your primary pediatrician in order to follow up on your medical care. Your information may also be used to contact you for appointment reminders.

Family and Personal Representatives. Inherent in the practice of pediatrics is the involvement of family and other guardians or caregivers. In this context, we may disclose your health information to a family member or a close friend or other person you identify when relevant to that person's involvement in your care or payment for your care. We are also, however, aware of the need for additional confidentiality for some of our older pediatric patients and make every effort to be aware of these concerns and honor our patients' privacy when possible without compromising their care.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Change of Ownership. Your health information/medical record may be transferred to another physician should Personalized Pediatrics be dissolved or merged with another practice. In this event you would maintain the right to request that copies of your health information be transferred to a different physician or medical group.

Other uses and disclosures require your authorization. Disclosure of your health information that identifies you or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

We reserve the right to review and accept or reject your requests. We will notify you of our decision.

Personalized Pediatrics Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we reserve the right to require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Medical Records Representative or the Privacy Officer. Your

request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Contact Person

The person you can contact for further information concerning our privacy practices is:

Dr. Dena Ross, Privacy Officer
Personalized Pediatrics
(860) 495-5232
mail@personalizedpediatrics.com

Complaints

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending an email outlining your concerns to:

mail@personalizedpediatrics.com
c/o Dr. Dena Ross, Privacy Officer
or you may call Dr. Ross directly at the number above.

If you believe that your privacy rights have been violated, you should call the matter to our attention as above or you may also submit a complaint to:

Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S. W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date

This notice is effective on or after *7/1/2010*.