

NOTICE OF PRIVACY PRACTICES
SOUTHWEST PEDIATRICS, A MEDICAL CORPORATION
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact one of the front desk receptionists or ask to speak with our Privacy Officer, Amy Saunders.

WHO WILL FOLLOW THIS NOTICE

This notice describes the policies of Southwest Pediatrics, (hereinafter referred to as "SWP") and that of all employees, staff and other personnel of SWP.

For persons eighteen (18) years old and above who continue to receive care at SWP, this document pertains to your privacy rights as an adult. This notice also describes the standards we will ask the Business Associates of SWP to adhere to should they have access to your child's medical information during routine work for the practice.

OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about your child is personal. We are committed to protecting medical information about your child. We create a record of the care and services your child receives at SWP. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your child's care generated at SWP.

This notice will tell you about the ways in which we may use and disclose medical information about your child. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies your child is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about your child; and
- follow the terms of the notice that is currently in effect.

DEFINITION

Medical information about your child includes: medical history, physical findings, test results, diagnoses, and treatments. It also includes medical and social information about your family that has relevance to your child's healthcare.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical/nursing students, or other personnel of SWP who are involved in taking care of your child. Different areas/locations of SWP also may share medical information about your child in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about your child to professionals outside of SWP who may be involved in your child's medical care. For example, a doctor involved in treating a child's broken bone needs to know if that child has diabetes or other medical conditions that might complicate the healing process. Finally, we may disclose medical information to anyone who accompanies a patient to their doctor's visit, including but not limited to family members, friends, or childcare professionals. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office. In this example, the babysitter may have access to this child's medical information.

For Payment:

We may use and disclose medical information about your child so that the treatment and services you receive at SWP may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure your child received at SWP so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations:

We may use and disclose medical information about your child in order to operate our business. As examples of the ways in which we may use and disclose your child's health information for our operations, our practice may use medical information to evaluate the quality of care received at SWP, or to conduct cost-management and business planning activities for our practice.

Methods of Communication:

It is our practice to confirm appointments and report normal/negative laboratory results by telephone. Therefore, we may use and disclose medical information to contact you as a reminder that your child has an appointment at SWP. Furthermore, we may use and disclose medical information when reporting laboratory results that are negative or considered to be within normal limits. It is our practice to leave messages on an answering device (answering machine, voice mail, etc.) if we are unable to reach you by telephone.

In some instances, a request will be made to transmit a child's personal health information via facsimile ("fax") or electronic mail ("email"). It should be noted that neither of these methods of communication are preferred since they are not as secure as other methods of communication. Every effort will be made to verify the intended recipient, confirm receipt, and emphasize that the child's personal health information is confidential.

Treatment Alternatives:

We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services:

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Child's Care or Payment for Your Child's Care:

We may release medical information about your child to a friend or family member who is clearly involved in your child's medical care. We may also give information to someone who helps pay for your child's care.

CHLA Health Network:

The terms of this notice of Privacy Practices apply to Southwest Pediatrics' organized health care arrangement, operating as a clinically integrated health care arrangement, which is composed of Children's Hospital Los Angeles Health Network ("Network"), Southwest Pediatrics, and other individual physician and group practice participants (collectively, the "Participants"). Southwest Pediatrics and the other Participants in the organized health care arrangement are licensed healthcare professionals seeing and treating pediatric patients in Southern California. As members of this clinically integrated and organized healthcare arrangement, Southwest Pediatrics and Participants may share your personal health and medical information as necessary to perform treatment, payment and health care operations to the extent permitted by law.

Research:

Under certain circumstances, we may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received a medication to those who were treated prior to the availability of that medication. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about your child to people *preparing* to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave SWP. We will always require that a researcher sign a pledge (a legal commitment) to honor the confidential nature of your child's medical information. The researcher must satisfy the following requirements: the use or disclosure involves no more than a minimal risk to your child's privacy based on (1) an adequate plan to protect the identifiers from improper use and disclosure, (2) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law), and (3) adequate written assurance that the protected medical information will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, and for other research for which the use or disclosure would otherwise be permitted.

As Required By Law:

We will disclose medical information about your child when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety:

We may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS**Organ and Tissue Donation:**

If your child is an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans:

If you are a member of the armed forces, we may release medical information about your child as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks:

We may disclose medical information about your child for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure as required by law.

Health Oversight Activities:

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes:

If you or your child is involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement:

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct involving our practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors:

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities:

We may release medical information about your child to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others:

We may disclose medical information about your child to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates:

If your child is an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about your child to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide your child with health care; (2) to protect your child's health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Certain protected information requires an authorization before any information can be released. They include: psychotherapy notes, any information used for marketing purposes, and the sale of SWP's patient information. We will contact you if any of these circumstances arise.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD:

You have the following rights regarding medical information we maintain about your child:

Right to Inspect and Copy:

You have the right to inspect and copy medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include psychotherapy notes or notes made as a result of a confidential visit by an adolescent if 1) you have approved this confidential visit, or 2) the law otherwise protects the confidentiality of this visit.

To inspect and copy medical information that may be used to make decisions about your child, you must submit your request in writing to SWP, Attention: Medical Records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by PAC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend:

If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SWP.

To request an amendment, your request must be made in writing and submitted to SWP, Attention: Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for SWP;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is without question accurate and complete.

Right to an Accounting of Disclosures:

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about your child. Exception: disclosures to individuals made as part of treatment, payment, or healthcare operations activities above are not tracked (every physician, therapist, and/or nurse, etc. involved with your child's care) and, therefore, will not be included in the accounting of disclosures provided to you. To request this list or accounting of disclosures, you must submit your request in writing to SWP, Attention: Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your care or the payment for your child's care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery your child had to a specific family member. You have the right to request any services rendered and are paid in full, out-of-pocket, to be restricted from disclosure to insurance companies.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to your child.

To request restrictions, you must make your request in writing to SWP, Attention: Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example: disclosures to a grandparent; disclosures to Blue Cross Blue Shield.

Right to Request Confidential Communications:

You have the right to request that we do not send you information regarding medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to SWP, Attention: Privacy Officer. You are not required to state the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Refuse Fundraising Materials:

You have the right to request that we do not send you information regarding fundraising events put on or sponsored by SWP.

To opt out of receiving fundraising communications, you must make your request in writing to SWP, Attention: Privacy Officer. You are not required to state the reason for your request.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain an electronic copy of this notice at our website, www.pediatric-adolescent-care.com

To obtain a paper copy of this notice, ask one of the front desk receptionists or the Privacy Officer for this practice.

BREACH NOTIFICATION

If a breach occurs regarding your protected information, SWP will notify you in writing of the breach as well as what we have done to correct the error. If applicable, steps to further protect your information will be provided.

CHANGES TO THIS NOTICE

The terms of this notice will apply to all records containing your child's private health information that are created and retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. 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 your records that we may create or maintain in the future. Our practice will post a copy of our current Notice on Southwest Pediatrics' website at www.swpediatrics.com at all times, and you may request a copy of our most current Notice at any time. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with SWP or with the Secretary of the Department of Health and Human Services. To file a complaint with SWP, contact the Privacy Officer at SWP, 9802 Stockdale Hwy., Suite 103, Bakersfield, CA 93311. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you provide us permission to use or disclose medical information about your child for a specific purpose beyond that covered in this notice above, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.



PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Date: _____

You have the right to refuse to sign this acknowledgement.

Print Patient's Name

I, _____, have
Signature of Parent/Guardian

received a copy of Southwest Pediatrics, NOTICE OF PRIVACY PRACTICES as required by law.

FOR OFFICE USE ONLY

On the date above we made a "good faith effort" to obtain written acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES we were unable to obtain acknowledgement for the following reasons:

____ Parent/Guardian refused to sign

____ Other _____

____ Employee attempting to gain acknowledgment: _____