



Gold Coast Pediatrics

Notice of Privacy Practices for Protected Health Information

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!

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. A Privacy Notice is a document that identifies the general ways your protected health information can be used to carry out treatment, payment, and health care operations. Protected health information means your personal health information created or received by a health care provider, insurance company, or employer's health benefit plan and relates to your past, present, or future physical or mental health conditions.

A medical record is made during each visit to a hospital, physician, or other healthcare provider. Typically, the record is paper or electronic and contains your health information such as: symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

Your Health Information Rights

1. Right to request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted.
2. Right to a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office. The Notice is posted in the office waiting room.
3. Right to inspect and copy your health record and billing record. You may also appeal a denial of access to your protected health information except in certain circumstances. You may exercise this right by delivering the request in writing to our office. Our office may charge a reasonable fee to cover costs.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We are not required to make such amendments. You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
5. Right to receive an accounting of disclosures of your health information by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.

If you want to exercise any of the above rights, please contact **Aman Sekhon, D.O.** in person during normal business hours. She will provide you with assistance.

Our Responsibilities

Our office is required to:

- Maintain the privacy of your health information as required by law,
- Provide you with a notice as to our duties and privacy practices as it pertains to the information we collect and maintain about you,
- Abide by the terms of this Notice,
- Notify you if we cannot accommodate a requested restriction or request,
- Accommodate your reasonable requests regarding methods to communicate health information with you, and
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or To File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact **Aman Sekhon, DO**

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Aman Sekhon, DO.** You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services at The Dept. of Health & Human Services on 200 Independence Avenue, S.W. in Washington, D.C. 20201 or via email to <http://www.hhs.gov/about/referlst.html>.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

The Following is a List of Other Uses and Disclosures Allowed by the Privacy Rule

Patient Contact

We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may contact you as part of a fund-raising effort.

Notification – Opportunity to Agree or Object

If you are present and able and do not object, or if you are not present, able, or in an emergency using our professional judgment we may:

Disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care. This will allow them to pick up a filled prescription, etc.

Use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

We may use and disclose your protected health information to assist in disaster relief efforts.

Notification - Opportunity to Agree or Object Not Required

Uses and Disclosures for Purposes of Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information to other physicians who may be treating you so as to insure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information may be used, as needed, to obtain payment for your health care services. For example, this may include getting approvals required by your health insurance company, such as determining eligibility for benefits and deciding whether services are medically necessary.

Healthcare Operations: We may use or disclose your protected health information, as needed, to operate our business. These activities might include such things as reviewing employee performance, getting legal or financial advice, or calling to remind you of an appointment. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name, date of birth and treating physician. In addition, we also call you by your name in the waiting room when your physician is ready to see you.

PUBLIC HEALTH ACTIVITIES

Appointments and Alternatives-We may contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates-There are some services provided in our organization through contracts with business associates. Examples include transcription services and copy services we use when making copies of your health record. When these services are used, we may give your health information to our business associates so that they can perform the job we asked them to do. To protect your health information, however, we require the business associate to keep your information confidential.

Controlling Disease - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Child Abuse & Neglect - We may disclose protected health information to public authorities as allowed by law to report actual or suspected child abuse or neglect.

Correctional Institution-Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Directory-Unless instructed otherwise, hospitals will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Food and Drug Administration (FDA) - We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Victims of Abuse, Neglect, or Domestic Violence

We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

Oversight Agencies

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

Coroners, Medical Examiners and Funeral Directors

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

School Information

We may provide information to schools to complete health medical forms or physicals.

Threat To Health and Safety

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Other Uses and Disclosures

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Website

- If we maintain a website that provides information about our practice. This notice is posted on our website.

I have received a copy of the Gold Coast Pediatrics Notice of Privacy Practices/HIPAA Disclosure form

Signature of Parent/Guardian

Date

Aman Sekhon
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