

**NOTICE OF PRIVACY PRACTICES
FOR
HANOVER PEDIATRIC ASSOCIATES, P.C.**

Effective September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Hanover Pediatric Associates, P.C. (HPA) is required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health care information, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of the notice currently in effect. This notice replaces all prior notices and applies to all protected health information.

Generally speaking, your protected health information is any information about you that identifies you or can be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you or payment for health care provided to you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

If you have any questions regarding this notice, you may contact our privacy officer at:

Hanover Pediatric Associates, P.C.
Attention: Privacy Officer
217 Broadway
Hanover, PA 17331

Telephone: 717-632-3911
Fax: 717-632-1224

I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment and health care operations

This section describes how we may use and disclose your protected health information for treatment, payment and health care operations purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of those uses and disclosures. Not every possible use or disclosure for treatment, payment and health care operations purposes will be listed.

1. Treatment

We may use and disclose your protected health care information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you.
- We may share and discuss your medical information with an outside laboratory, radiology center or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss medical information with a hospital or other health care facility where we are admitting or treating you.

- We may share and discuss your medical information with another health care provider who seeks information for the purpose of treating you.
- We may use a patient sign-in sheet in the waiting area which is accessible to all patients.
- We may page patients in the waiting room when it is time for them to go into an examining room.
- We may contact you to provide appointment reminders or to schedule visits.
- We may contact you via telephone and leave messages on your answering machine.

2. Payment

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing your bills in envelopes with our practice name and return address.
- Provision to send a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for medical necessity or quality review audit.
- Providing consumer reporting agencies with credit information (your name and address, date of birth, Social Security Number, payment history, account number, and our name and address).
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

3. Health care operations

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualification or performance of health care professionals.
- Conducting training programs for medical and other students.
- Accreditation, certification, licensing and credentialing activities.
- Health care fraud and abuse detection and compliance programs
- Conducting other medical review, legal services and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analysis.
- Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and disclosures for other purposes

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples will fall into more than one category- not just the category under which they are listed.

1. Individuals involved in care or payment for care

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member or close friend. For example, we may discuss care and treatment with a babysitter or grandparent provided we have your authorization in writing or verbally.

2. Notification purposes

We may use and disclose your protected health information to notify or to assist in the notification of a family member, personal representative or another person responsible for your care regarding your location, general condition or death. For example, if you required hospitalization, we may notify a family member of the name and address of the hospital and your general condition.

3. Required by law

We may use and disclose protected health information when required by federal, state or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births, deaths, child abuse, disease prevention and control, vaccine related injuries, medical device related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments and blood alcohol testing.

4. Other public health activities

We may use and disclose protected health information for public health activities including:

- Public health reporting, for example, communicable disease reports.
- Child abuse and neglect reports
- FDA related reports and disclosures, for example, adverse event reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

5. Victims of abuse, neglect or domestic violence

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse. For example, we may report elder abuse to the Department of Aging.

6. Health oversight activities

We may use or disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

7. Judicial and administrative proceedings

We may use and disclose protected health information in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

8. Law enforcement purposes

We may use and disclose protected health information for certain law enforcement purposes including to:

- Comply with a legal process, for example a search warrant.
- Comply with a legal requirement, example, mandatory reporting of a gun shot wound.

- Respond to a request for information for identification/location purposes.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.
- Provide information regarding a crime on the premises.
- Report information related to the commission of a crime obtained while providing emergency medical care.

9. Coroners and medical examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death or facilitating their performance of other duties required by law

10. Funeral directors

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Organ and tissue donation

For purposes of facilitating organ, eye and tissue donation and transplantation we may use and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.

12. Threat to public safety

We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm, identification and apprehension of a criminal. For example, we are required by law to disclose information to protect someone from serious imminent harm.

13. Specialized government functions

We may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veterans activities
- National security and intelligence
- Protective services for the President and others
- Medical suitability determinations for the Department of State
- Correctional institutions and other law enforcement custodial situations.

14. Workers' compensation and similar programs

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work related injury.

15. Business associates

Our "Business Associates" are entities that provide services to our practice and that require access to protected health information of our patients in order to provide these services. A business associate of our practice may create, receive, maintain or transmit protected health information while performing a function on our behalf. For example, our attorneys may need access to protected information to provide a service for us. Our business associates may use and disclose your protected health information consistent with this notice and as otherwise permitted by law. To protect your protected health information, we require business associates to enter into a written agreements that they will appropriately safeguard the protected health information they require to provide the services they have agreed to provide.

16. Creation of de-identified information

We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed for research purposes. When your information has been de-identified in this way, having had all the information removed that could reasonably identify that the information is yours, we may disclose this information without your authorization as it is no longer considered protected health information.

17. Incidental disclosures

We may disclose protected health information as the by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

C. Uses and disclosures with authorization

For all other purposes which do not fall under a category listed under sections A and .B, we will obtain your written authorization to use or disclose your protected health information.

In addition, we are required to obtain your authorization:

- For most uses and disclosures of psychotherapy notes
- To use and disclose your protected health information for most marketing purposes
- To sell your protected health information

Your authorization can be revoked at any time. However, we are not able to retract uses and disclosures made with your authorization prior to the effective date of the revocation.

II. PATIENT PRIVACY RIGHTS

A. Further restriction on use or disclosure

You have the right to request that we further restrict the use and disclosure of your protected health information, which we are otherwise permitted to make, for treatment, payment or health care operations, to someone who to someone who is involved in the care or payment for your care or for notification purposes.

We are not required to agree to a request for further restriction, with one exception involving self-pay services. We must agree to a request not to disclose your protected health information to a health plan for payment or health care purposes if the information pertains solely to a health care item or service for which we have been paid in full by you or someone other than the health plan and the disclosure is not otherwise required by law.

To request restriction as outlines in this section, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted (b) how you want the information restricted and (c) to whom you want the restriction to apply.

B. Confidential communication

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We will accommodate requests for confidential communications as long as they are reasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if anther individual or entity is responsible for payment, the request must explain how payment will be handled.

C. Accounting of disclosures

You have a right to obtain upon request an “accounting” of certain disclosures of your protected health information. This right is subject to limitations, such as how far back the accounting must cover and the scope of the covered disclosures. Also, in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

D. Inspection and copying

You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. Generally this includes your medical and billing records. This right is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies, as permitted by law. In certain cases, we may deny your request. If your records are maintained electronically, you have the right to specify that the records you requested be provided in electronic form. We will accommodate your request for a specific electronic form or format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach an agreement on an alternative readable electronic form. If you request a copy of your information electronically on a moveable electronic media (CD or USB) we may charge you for the cost of that media.

To exercise your right of access, you must submit a written request to our privacy officer. The request must (a) describe the health information to which access is requested (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy (c) specify any requested form or format, such as paper and (d) include the mailing address, if applicable.

You may also request that your protected health information be directly transmitted to another person or entity. To exercise this right, you must submit a request to our privacy officer. The request must: (a) be in writing and signed by you; (b) clearly identify both the designated person or entity and where the information should be sent.

E. Right to amendment

You have the right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. This right is subject to limitations. In certain cases, we may deny your request for an amendment. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

F. Paper copy of privacy notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. Copies are available at the check-in counter in the office, our website or by contacting our privacy officer. Requests for special accommodation regarding the notice should be directed to our privacy officer.

G. Notification of breach

You have the right to receive timely written notice of a breach of your unsecured protected health information.

III: CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we or our business associates maintain including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room of the practice. At any time patients may review the current notice by contacting our privacy officer. Patients may also access the current notice at our website: www.hanover-pediatrics.com

IV: COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or to the Office of Civil Rights. To file a complaint with the practice, submit the complaint in writing to the privacy officer. We will not retaliate against you for filing a complaint.

Practice:

Hanover Pediatric Associates
217 Broadway
Hanover, PA 17331

TEL: 717-632-3911
FAX: 717-632-1224

Office of Civil Rights

Office of Civil Rights
US Department of Health and Human Services
150 S. Independence mall West, Suite 371
Public Ledger building
Philadelphia, PA 19106-1111

TEL: 215-4441
Hotline: 800-368-1019
FAX: 215-861-4431
TDD: 215-861-4440

VI: LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

09/01/2013