

**Westerville Pediatric Specialists, Inc.**

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Westerville OH 43082  
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**Sunbury Mills Pediatrics**

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**PRIVACY STATEMENT**

**Effective April 1, 2003**

Revised 4/2009, Revised 6/2015

**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.**

- ❖ This is a formal notification, as defined by CMS (Centers for Medicare and Medicaid Services) and Federal and State laws concerning the privacy policy of this practice and reporting requirement regarding identity theft and fraud. It is important that all patients and staff members understand the importance of guarding patient information.
- ❖ Medical records and personal health information, by law, must be maintained in the strictest of confidence. We cannot release such information to others without your written consent, including conversations, reminder calls, test results and any other information that may be of confidential nature. Patient information about health care is identified as “PHI” or protected health information.
- ❖ This policy requires that you, the parent or legal guardian, identify who we may talk to, how we can leave information on your child(s) behalf, and the process of ongoing continuity of medical care at the time of registration with this practice.
- ❖ Your protected health information (PHI) can be used or disclosed with your written consent as follows:
  - For treatment in this practice and other locations under the physician’s immediate care. This may include any referral for services such as labs, x-rays or other diagnostic testing or treatment related to your medical care needs. This may also include conversations with other physicians.
  - For obtaining payment for treatment with your identified insurance or health coverage program. This would include any documentation related to this process, which may include history forms, progress notes, or procedure notes. This would include eligibility verification, prior authorization and claim submission.
  - For operations of this practice, such as enrolling with insurance programs, hospital privileges, accounting, and compliance with federal and state laws and regulations.
  - Appointment reminders and health related benefit services only with your consent identified on the registration form.
  - Disclosure, concerning any related health care information, with family and friends indicated on the registration form. This list may be modified at any time orally, followed by written consent.
  - **Consent is not required for emergency care and treatment.** An emergency is considered a medical condition that, in the judgment of the physician or medical entity, requires immediate and full information for care.
- ❖ Certain disclosures can be made without your consent. They are as follows:
  - Disclosure required by the government or law enforcement agencies. Specific areas that require release include gun shot wounds and any suspected victims of abuse or neglect.

- Information used for public health purposes, medical examiners or related to a person's death, or for the health department for disease tracking.
- Information used for health care oversight, such as a site review by an insurance program
- Information related to organ donation
- Information related to certain research procedures. The majority of this information is stripped of any personal data, and is normally generic (age, sex, diagnosis) in nature.
- Information provided to avoid harm if there is a threat to the patient's or other's safety.
- Specific governmental functions.
- Workers compensation review.
- ❖ Your rights with respect to your protected health information
  - The right to request limits on the uses and disclosure at registration or any time during your care
  - The right to choose how we send this information to you, including an alternate address
  - The right to see and obtain copies of this information, but you may expect copy and postage fees
  - The right to obtain a listing of those to whom we have made disclosures to regarding your PHI
  - The right to correct and update your file through an amendment process, if appropriate
- ❖ Westerville Pediatric Specialists, Inc. reserves the right to modify or change this Privacy Statement and process at any time. Revisions to the Notice will be available upon request by contacting the office. The changes will be effective retroactively to the initial date of the Privacy Notice. An updated Privacy Notice will be posted in the office within 60 days of the revision.
- ❖ If you have a concern or complaint about how your protected health information is being used, you should first contact our office to see if we can resolve your concerns. You may contact the Office of Civil Rights or the Ohio Medicare Carrier, GBA Palmetto.
  - Contact the office manager, Teri Campbell, and complete a complaint form for review and discussion.
  - If you are not satisfied with this response, you may report the practice to:
    - Office of Civil Rights
    - Regional Manager
    - Department of Health and Human Services
    - 233 N. Michigan Ave, Suite 240
    - Chicago, Illinois 60601
    - (312)886-1807
  - or the local Medicare Part B Intermediary
    - GBA Palmetto
    - Part B Operations – HIPAA Compliance Concern
    - PO Box 182957
    - Columbus, OH 43218

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Parent/Legal Guardian Signature Date

This confirms receipt of Privacy Notice & copy given to Parent/Legal Guardian

-----OFFICE USE ONLY-----

Refused to sign – witness \_\_\_\_\_

Scanned to EMR \_\_\_\_\_

Date      Patient(s) name(s)