

## Southwest Pediatric Associates

### Notice of Health Information 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.**

#### **Understanding Your Health Record/Information**

This notice describes the practices of the Southwest Pediatric Associates and that of its physicians with respect to your protected health information created while you are a patient at Southwest Pediatric Associates. Southwest Pediatric Associates physicians and personnel authorized to have access to your medical chart are subject to this notice. In addition, Southwest Pediatric Associates physicians may share medical information with each other for treatment, payment or healthcare operations described in this notice.

We create a record of the care and services you receive at Southwest Pediatric Associates. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at Southwest Pediatric Associates.

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

#### **Your Health Information Rights**

Although your health record is the physical property of Southwest Pediatric Associates, the information belongs to you. You have the right to:

- Inspect and request a copy of your health record as provided by law;
- Request communications of your health information by alternative means or at alternative locations. We will accommodate reasonable requests;
- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- Obtain an accounting of certain disclosures of your health information as provided by law;

- Obtain a paper copy of this notice of information practices upon request from the Southwest Pediatric Associates. A copy of this notice may also be obtained at our website [www.swpedi.com](http://www.swpedi.com).

You may exercise your rights set forth in this notice, by providing a written request to the Office Manager at Southwest Pediatric Associates, Seton Southwest Health Plaza, 7900 FM Road 1826, Bldg. 2, Suite 220, Austin, TX, 78737.

#### **Our Responsibilities**

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at the Southwest Pediatric Associates. The revised notice will also be posted at the Southwest Pediatric Associates offices and at [www.swpedi.com](http://www.swpedi.com)
- We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

#### **Examples of Disclosures of Health Information for Treatment, Payment and Health Care Operations and as Otherwise Allowed by Law.**

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 should fall within one of the categories;

#### ***Treatment.***

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Southwest Pediatric Associates. We

## Southwest Pediatric Associates

may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at the Southwest Pediatric Associates.

### **Payment.**

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### **Health care operations.**

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

**Your health information will also be used as otherwise allowed by law. The following are some examples of how we may use and disclose medical information about you.**

**Business associates:** There are some services provided in our organization through contacts with business associates. Examples include answering services, and copy services. To protect your health information, however, we require business associates to take the appropriate measures to safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

**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 health information.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

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

**Communications for treatment and health care operations:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, goods, and services provided by Seton that may be of interest to you.

**Fund raising:** We may contact you as part of a fund-raising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse

events with respect to food medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse, neglect or domestic violence:** As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

**Judicial, administrative and law enforcement purposes:** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures to avert a serious threat to your or a third party's health or safety as well as victims of crime or criminal conduct at the Covered Entity.

**Required or allowed by law:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

### **Other Uses of Your Health 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 give us permission to use or disclose your medical information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

### **For More Information or to Report a Problem**

If you have questions regarding your privacy rights and would like additional information, you may contact the Seton Healthcare Network Privacy Officer at 512.288.9669.

If you believe your privacy rights have been violated, you may file a written complaint with the Seton Healthcare Network Privacy Officer, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

# Southwest Pediatric Associates