CLINE
PEDIATRICS
We Love your kids too!

Marrietta D. Cline,MD

NOTICE OF PRIVACY PRACTICES

Effective September 3, 2013

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.

By law, **Cline Pediatrics, PA** must protect the privacy of your personal health information. **Cline Pediatrics, PA** retains this type of information because you receive health benefits from **Cline Pediatrics, PA**. Under federal law, your health information (known as "protected health information" or "PHI") includes what health plan you are enrolled in and the type of health plan coverage you have. This notice explains your rights and our legal duties and privacy practices.

Cline Pediatrics, PA will abide by the terms of this notice. Should our information practices materially change, **Cline Pediatrics, PA** reserves the right to change the terms of this notice and must abide by the terms of the notice currently in effect. Any new notice provisions will affect all protected health information we already maintain, as well as protected health information that we may receive in the future. We will mail revised notices to the address you have supplied and will post the updated notice on our website at www.clineped.com.

Required and Permitted Uses and Disclosures

We use and disclose protected health information ("PHI") in several ways to carry out our responsibilities. The following describes the types of uses and disclosures of PHI that federal law requires or permits **Cline Pediatrics, PA** to make *without* your authorization:

Payment Activities: Cline Pediatrics, PA may use and share PHI for payment activities, such as paying administrative fees for health care, paying health care claims, and determining eligibility for health benefits.

Health Care Operations: Cline Pediatrics, PA may use and share PHI to operate its programs that include evaluating the quality of health care services you receive, arranging for legal and auditing services (including fraud and abuse detection); and performing analyses to reduce health care costs and improve plan performance.

To Provide You Information on Health-Related Programs or Products: Such information may include alternative medical treatments or programs or about health-related products and services, subject to limits imposed by law as of September 23, 2013

Other Permitted Uses and Disclosures: Cline Pediatrics, PA may use and share PHI as follows:

- to resolve complaints or inquiries made by you or on your behalf (such as appeals).
- to enable business associates that perform functions on our behalf or provide services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Our business associates are also directly subject to federal privacy laws**.**
- for data breach notification purposes. We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.
- to verify the agency and plan performance (such as audits).
- to communicate with you about your - (such as your annual benefits statement).
- for judicial and administrative proceedings (such as in response to a court order).
- for research studies that meet all privacy requirements; and
- to tell you about new or changed benefits and services or health care choices.

Required Disclosures: **Cline Pediatrics, PA must** use and share your PHI when requested by you or someone who has the legal right to make such a request on your behalf (your Personal representative), when requested by the United States Department of Health and Human Services to make sure your privacy is being protected, and when otherwise required by law.

Organizations That Assist Us: In connection with payment and health care operations, we may share your PHI with our third party "Business Associates" that perform activities on our behalf, for example, our Indemnity Plan administrator. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them for. These business associates will be contractually bound to safeguard the privacy of your PHI and have direct responsibility to protect your PHI imposed by federal law.

Except as described above, **Cline Pediatrics, PA** will not use or disclose your PHI without your written authorization. You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may revoke your authorization so long as you do so in writing; however, **Cline Pediatrics, PA,** will not be able to get back your health information we have already used or shared based on your permission.

Your rights

You have the right to:

- Ask to see and get a copy of your PHI that **Cline Pediatrics, PA** maintains. You must ask about this in writing. Under certain circumstances, we may deny your request. If **Cline Pediatrics, PA** did not create the information you seek, we would refer you to the source (e.g., your health plan administrator). **Cline Pediatrics, PA** may charge you for certain costs, such as copying and postage.
- Ask **Cline Pediatrics, PA** to amend your PHI if you believe that it is wrong or incomplete and **Cline Pediatrics, PA** agrees. You must ask about this in writing, along with a reason for your request. If **Cline Pediatrics, PA** denies your request to amend your PHI, you may file a written statement of disagreement to be included with your information for any future disclosures.
- Get a listing of those with whom **Cline Pediatrics, PA** shares your PHI. You must ask about this in writing. The list will not include health information that was: (1) collected prior to

April 14, 2003; (2) given to you or your personal representative; (3) disclosed with your specific permission; (4) disclosed to pay for your health care treatment, payment or operations; or (5) part of a limited data set for research.

- Ask **Cline Pediatrics, PA** to restrict certain uses and disclosures of your PHI to carry out payment and health care operations, and disclosures to family members or friends. You must ask about this in writing. Please note that **Cline Pediatrics, PA** will consider the request, but we are not required to agree to it and in certain cases, federal law does not permit a restriction.
- Ask **Cline Pediatrics, PA** to communicate with you using reasonable alternative means or at an alternative address, if contacting you at the address we have on file for you could endanger you. You must tell us in writing that you are in danger, and where to send communications.
- Receive notification of any breach of your unsecured PHI.
- Receive a separate paper copy of this notice upon request. (An electronic version of this notice is on our website at www.clineped.com.)

If you believe that your privacy rights may have been violated, you have the right to file a complaint with **Cline Pediatrics, PA at 281-534-1300** or the federal government. **Cline Pediatrics, PA** complaints should be directed to: **Cline Pediatrics, PA** office manager, **624 FM 517 RD W, Dickinson, Texas 77539**. Filing a complaint or exercising your rights will not affect your **Cline Pediatrics, PA** patient care. To file a complaint with the federal government, you may contact the United States Secretary of Health and Human Services. To exercise any of the individual rights described in this notice, or if you need help understanding this notice, please call (617) 727-2310, extension 1 or TTY for the deaf and hard of hearing at (617)-227-8583.

I hereby acknowledge that I have received a copy of **Cline Pediatrics, PA** Notice of Privacy Practices.

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Patient Name (Please Print) Date of Birth

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Individual/Parent/Guardian Date