



Maple Avenue Pediatrics, P.A.

23-00 Route 208 • Fair Lawn, New Jersey 07410 • Telephone: (201) 797-1900

HIPAA PRIVACY POLICY

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about Maple Avenue Pediatrics' patients be used and disclosed, and how you can get access to this information. Please review carefully. A more extensive version of this Notice is available upon request.

Maple Avenue Pediatrics has established a procedure to address concerns regarding privacy issues.

During treatment at this office, doctors, nurses and other caregivers may gather information about your medical history and health. This Notice explains how such information used and shared with others. It also explains privacy rights regarding this kind of information.

All patients of this office are children. When we refer to "you" or "your" in this Notice, we refer to the patient. When we refer to types of disclosures of information to "You", we mean disclosures to the patient, the patient's guardian or the person legally authorized to receive information about the patient.

Medical information may be used for the following purposes:

Treatment: We may use and disclose the patient's information to provide, coordinate and manage care and treatment. For example, a physician may share medical information with another physician for consultation or a referral.

Payment: We may use and disclose the patient's information to receive payment for the services we provide. For example, we will disclose information in order to submit claims to insurance companies.

Health Care Operation: We may use the patient's information to support certain business activities related to the functioning of our practice. For example, we may use information for quality assurance activities.

Appointment Reminders and Other Health Information: We may use information for reminder of future appointments. Information may be used to provide information about treatment alternatives or other health-related services that may be of interest.

Family Members or Other Responsible People: We may disclose information to people who will be taking care of the patient or are responsible for paying the bills, such as other family

members. We may also use information to let other family members know what the patient's general medical condition is. If the patient is able to make their own health care decisions, this practice will ask their permission before using medical information for these purposes. If the patient is unable to make health care decisions, this office will disclose relevant medical information to family members or other responsible people, if we feel it is in the patient's interest to do so. For example, we may provide limited medical information to a family member to pick up a prescription.

Emergency Conditions: We may use the patient's information in the event of an emergency treatment situation.

Others Uses or Disclosures: We have listed other instances where a patient's information may be disclosed. Those, instances included but are not limited to, when required by law for public health activities, relating to victims of abuse/neglect/domestic violence, for health oversight activities, for judicial and administrative proceedings to the extent by the law, for enforcement as permitted or required by law, to coroners/medical examiners/funeral directors as permitted by law, for organ donation purposes, for research purposes under certain circumstances, to advert a serious threat to health or safety, for certain specialized government functions such as military discharge and national security and intelligence and for workers' compensation purposes.

This practice will not use or disclose medical information in any other way without written permission. If we are given written permission to use or disclose the patient's medical information for another purpose, this permission can be revoked at anytime in writing.

PRIVACY RIGHTS:

Right To Restrict Use and Disclosure: You may request that this office not use medical information in certain ways or for certain purposes. You may also request that this office not provide medical information to certain people. However, this practice has the right to refuse your request.

Right To Confidentiality: You may request that this office provide you with your medical information in a confidential manner. For example, you can request that we send bills and other mailings to a different address or that we call appointment reminders to a different phone number. You must make this request in writing and specify another address or phone number. We will accommodate reasonable requests.

Right To Inspect and Obtain Copies: You may ask to see and obtain copies of medical records, unless that information is protected by law. The request must be in writing with signature consent. If we deny the request, you have the right to have the denial reviewed by your health care professional. We will act upon your request within 30 days.

Right to Amend Medical Records: You may ask us to amend information in the patient's medical records. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.

Right To A Paper Copy: If you are viewing this Notice on our website, we will provide you with a printed copy of this Notice upon your request.

If you feel your medical information privacy rights have been violated, please contact your health care provider. If your concern remains unresolved, a complaint may be filed with the Secretary of Health and Human Services and/or with the practice's manager. Filing a complaint will not affect the quality of the services you receive from this practice and you will not be retaliated against for filing a complaint.

The effective date of this Notice is April 14, 2003. The practice is required to abide by the terms of this Notice. This practice reserves the right to change the terms of this Notice and to make new provisions effective for all protected health information maintained by this practice. If the terms of this Notice are changed, this practice will provide individuals with a revised Notice at the time of treatment or upon request. The revised Notice will be posted in the patient waiting area and the practice website.