

**CANDLEWOOD VALLEY PEDIATRICS**  
**NOTICE OF PRIVACY PRACTICES**

**Effective Date of this Notice: November 3, 2022**  
**Privacy Officer Contact: 860-355-8190, Annette**

**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.**

**If you have any questions about this Notice please contact  
our Privacy Officer: Annette Martin.**

We at CANDLEWOOD VALLEY PEDIATRICS understand that your medical/health information is personal and private. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services.

**OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION**

Federal and State Laws require us to ensure the privacy of your protected health information, which we have either created in our practice or received from another healthcare provider, whether it is about your past, present, or future healthcare condition. We are required to maintain the privacy of your protected health information regarding payment for your health care. We are required to obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. If the Notice is amended, we will post the revised Notice, with the new effective date, in our office and on our website, and we will make copies of the revised Notice available to you upon request. The new Notice will be effective for all protected health information that we maintain at that time.

We will obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

In the process of using or disclosing your protected health information for an authorized use, we may make incidental disclosures. We will take reasonable steps to limit incidental disclosures. Should a breach of unsecured protected health information occur, we are required to notify the affected individuals.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or healthcare provider (*e.g.*, a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your healthcare services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, to assess certain services that we may want to offer in the future, to identify groups of patients who have similar health problems to give them information about treatment alternatives, programs, or new procedures, the process of selling our business or merging with other healthcare entities, procedures involving healthcare fraud and abuse detection and compliance, developing internal protocols.

We will share your protected health information with third party "business associates" that perform various activities (for example, lawyers, consultants, accountants, risk managers) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains

terms that will protect the privacy of your protected health information. For example, we may disclose information as it relates to healthcare operations to accountants who are auditing our billing records.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Emergencies:** We may use or disclose protected health information as necessary in emergency treatment situations.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, disability, or child abuse and/or neglect, or regarding the recall of products.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**At Our Office:** *Unless you object*, we may use and disclose certain limited information about you on our sign-in sheet while you are in our office. This information may include your name, but will not include information about your condition. We will also call your name to notify you that the provider is ready to see you or that we need to discuss something with you.

**Individuals Involved in Your Care or Payment for Your Care:** *Unless you object*, we may disclose protected health information about you to a family member, relative, close personal friend or any other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

**Disaster Relief:** *Unless you object*, we may disclose protected health information about you to an organization assisting in disaster relief efforts. Even if you object, we may still share information about you if necessary to respond to emergency circumstances.

**Reporting Victims of Abuse or Neglect:** When authorized by law, or if you agree to the report, and if we believe that you have been a victim of abuse or neglect, we may use and disclose your protected health information to notify a government authority.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process. We will make a reasonable effort to inform you about the request.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) reports required by law, (2) reporting certain types of wounds and/or other physical injuries (i.e., gunshot wounds), (3) reporting emergencies or suspicious deaths, (4) complying with a court order, warrant, subpoena (in certain circumstances), or other legal process, (5) limited information requests for identification and location purposes, (6) answering certain requests for information concerning crimes or victims of crimes, (7) reporting criminal conduct that took place on our premises, (8) in emergency situations, reporting a crime, the location of the crime or the victim, or the identity, description, and/or location of a person involved in a crime.

**Coroners, Medical Examiners, Funeral Director:** We may disclose protected health information to a coroner, medical examiner, or funeral director for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.

**Organ/Tissue Donation Organizations:** If you are an organ donor, we may disclose your protected health information to an organization involved in the donation of organs and tissue to enable them to carry out their lawful duties.

**Research:** We may disclose your protected health 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 protected health information.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose your protected health information if we believe it is necessary to prevent a serious threat to your health or safety or the

health or safety of the public or another person. We may make the disclosure only to a person or entity that would be able to help lessen or prevent the threatened harm.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Appointment Reminders:** We may use or disclose protected health information to remind you about appointments that we have scheduled for you. Please note that we will use the contact information that you have provided to us to email or text you with appointment reminders.

**Custody Issues:** In the instance of legal custody matters, it is the policy of this practice to request a copy of legal custodial authority that has been granted by a court of law. If such a form is not provided to this office, it is not possible for us to determine whether someone has sole legal custody.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use or disclose your protected health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about treatments, services, products, other healthcare providers, special programs, nutritional services.

**Business Associates:** We may disclose your protected health information to our business associates under Business Associate Agreements. Business associates may include answering services, transcription services, accounting services.

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

### **E-Prescribing**

E-Prescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. E-Prescribing greatly reduces medication errors and enhances convenience for the patient while maximizing patient safety. Candlewood Valley Pediatrics employs E-prescribing for all prescriptions, as it is the safest, most accurate means of transmission.

### **Special Rules Regarding the Disclosure of Mental Health Conditions, HIV-Related Information, Substance Abuse, and Psychotherapy Notes**

If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your treatment team members, and very limited information may be disclosed for payment purposes. Otherwise, mental health information may NOT be disclosed without your written authorization, except as specifically permitted by state or federal law. HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization. If you are treated in a substance abuse program, information which could identify you as alcohol or drug-dependent will not be disclosed without your specific authorization, except for purposes of treatment or payment or when specifically required or allowed under state or federal law. A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information that is disclosed.

### **Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be

disclosed to people that ask for you by name. Your religious affiliation will be given only to a member of the clergy, such as a priest or rabbi.

**Others Involved in Your Health Care or Payment for your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Written authorization, as opposed to verbal consent, is required before records will be released for purposes of transferring to another physician. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records (up to \$0.65 per page, plus first-class postage). It is the policy of this office to fax medical records or to put medical records on a disc. It is NOT the policy of this office to transfer medical records via the internet. We will mail records to the requested address, or we will hold records in the office for pick up by the person indicated for receipt of the records.

Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; laboratory results that are subject to law that prohibits access to protected health information; certain instances involving your containment in a correctional facility; during participation in research, if a signed authorization of denial had been in place before the research commenced; information contained in records that are subject to the Privacy Act; the request for access is made by the patient's personal representative and we believe access is likely to cause substantial harm to the patient or others; if information was obtained from a source other than a healthcare provider and access would be reasonably likely to reveal the source. The above instances of denial are unreviewable.

Depending on the circumstances, a decision to deny access may be reviewable. Please contact one of our Privacy Officers if you have questions about access to your medical record.

To inspect and request a copy of your protected health information, you must submit a written, signed request to us.

We must respond to your request within 30 days, by either supplying the records or sending a written notification of denial.

**You have the right to request a restriction of your protected health information.** This means you may ask us to not use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by speaking with one of our Privacy Officers, who will assist you with the request.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to one of our Privacy Officers.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. You must make the request in writing and must explain the reasons for the requested amendments. We must respond to your request within 60 days of receiving the request. If we agree to the amendment, we will notify you and amend the relevant portions of your record. In certain cases, we may deny your request for an amendment (if the information: was not created by us, is not part of the records maintained by us, is, in our opinion, accurate and complete, is information to which you do not have a right of access). If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Your statement of disagreement will be attached to your medical record; we have the right to insert a rebuttal statement into the medical record. Please contact one of our Privacy Officers if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It



excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occurred no more than six years prior to the date on which the accounting is requested. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You must submit your request in writing. You must state the time period for which you would like the accounting. We must respond to you within 60 days of receipt of the request. If you request a listing of disclosures more than once within a 12-month period, we will charge you a reasonable fee for the accounting.

**You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone, or by downloading a copy from our website, [www.candlewoodvalleypediatrics.com](http://www.candlewoodvalleypediatrics.com)

#### **COMPLAINTS**

If you believe your privacy rights have been violated by us, you may complain to the Secretary of Health and Human Services by writing to: Office of Civil Right, U.S. Department of Health and Human Services, 200 Independence Ave., SW, Room 509F, HHH Building, Washington, DC, 20201. You may file a complaint with us by notifying one of our Privacy Officers of your complaint. You may contact our Privacy Officer (we currently have only one), Annette, at (860) 355-8190 for further information about the complaint process.

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on **November 3, 2022**.