

## **Essex Pediatrics Notice of Privacy Practices**

This Notice describes the privacy practices of Essex Pediatrics and our employees. It applies to all medical records generated by our facility. This Notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review carefully.

### **Your Rights**

#### **Request a copy of this Privacy Notice**

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request should be in writing and should specify your reasons to change your record along with the information to be amended. We may say "no" to your request, but we'll tell you why in writing within sixty (60) days. **Contact our Privacy Officers, Sue Rogers-Low or Jill Kenneson at 802-879-6556 for more information.**

#### **Obtain an electronic or paper copy of your medical record**

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information. Contact our Privacy Officers if you wish to obtain a copy of your medical record at **802-879-6556**.
- We will provide a copy or a summary of your health information, within thirty (30) days of your request. We may charge you a fee.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care or our operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting per year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian/representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your privacy rights stated in this notice by contacting our office at **802-879-6556**.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell our staff what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we **never** share information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**Form H: Notice of Privacy Practices**  
**Revised 05/08/23**

**Our Uses and Disclosures**

We typically use or share your health information in the following ways:

**Manage our organization**

- We can use and share your health information to operate our practice, educate medical students, improve the quality of the care we provide, and to contact you when necessary.

**Treatment**

- We can use your health information and share it with other professionals who are treating you.

**Bill for your services**

- We can use and share your health information to bill and receive payment from health plans or other entities.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways. We have to meet many legal requirements before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Public health and safety issues**

We can share health information about you for certain situations such as:

- Reporting health information to public health authorities to prevent or control disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or exploitation of children or vulnerable adults
- Preventing or reducing a serious threat to anyone's health or safety

**Research**

- We may use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with the federal privacy law.

**Law Enforcement Officials**

- We may disclose your health information to law enforcement officials as required by law or to comply with a court order. We may also disclose limited health information to law enforcement officials for identification and location purposes or to assist in criminal investigations.

**Organ, eye, and tissue donation**

- We can share health information about you with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Workers' compensation**

- We may disclose your health information as necessary to comply with the Vermont Workers' Compensation Statute for workers' compensation claims.

**Special Government Functions**

- We may disclose your health information as necessary for special government functions such as military, national security, and presidential protective services.

**Lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Business Associates**

- Some of our services, such as certain laboratory tests, are provided by third parties (business associates). We may disclose your health information to our business associates so they can perform the job we have asked them to do. Our business associates are required to protect your health information.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of the Notice.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticecpp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticecpp.html).

***Changes to the Terms of this Notice***

We can change the terms of this notice, and the changes will apply to all information we have about you. If we make changes, a new privacy acceptance signature page will be given to you the next time you are in the office for an appointment. The new notice will be available upon request in our office and on our website.