

HIPAA Notice of Privacy Practices

8440 W. Lake Mead Blvd. Ste. 104
Las Vegas, NV 89129 • (702) 821-2000

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.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, including the need for your authorization to use or disclose PHI for reasons not covered within this Notice, which you may limit or terminate as permitted by law. PHI includes information about you, including personal and demographic information that may identify you—your date of birth, address, social security number, and image and likeness, and more—and that relates to your past, present, and future physical or mental health condition and related health care services. We are required by law to: (i) maintain the privacy of your PHI; (ii) give you this notice of our legal duties and privacy practices regarding health information about you, including your PHI; and (iii) follow the then-effective terms of this notice, which may be changed from time to time as set forth herein.

We reserve the right to change the terms of this notice and to make the new provisions effective for all PHI that we maintain. Any revisions made to this notice will be immediately posted in our front office lobby area. We will also inform you of any changes, either by secure electronic mail or the patient portal. You then have the right to object or withdraw as provided in this notice. You may be asked to sign a revised version at the time of your next appointment.

1. Uses and Disclosure of PHI

The following describes the ways we may use and disclose your PHI.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI 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.

Payment: We may use or disclose your PHI to obtain payment for your health care services. For example, we may give your health plan information about you so that they will pay for your treatment.

Healthcare Operations: We may use or disclose your PHI in order to support the business activities of our practice. These uses and disclosures are necessary to ensure that all of our patients receive quality care and to operate and manage our office. For example, we may also share your medical information with our “business associates,” such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI.

Appointment Reminders: We may use and disclose your PHI to contact you to remind you of your appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law: We may use or disclose your PHI if state or Federal law requires it, including in the following situations pursuant to applicable laws and regulations: Public Health issues; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; Organ Donation; Threats to Health and Safety; Military Activity and National Security; Workers' Compensation; and with respect to Inmates. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Research: We may disclose your PHI for research when such research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also share your PHI with people preparing to conduct a research project.

Fundraising: We will not use your information for any fundraising under any circumstance.

Family Members/Certain Third Parties: You have the right and choice to tell us to share your PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend, or in the event of a disaster relief effort. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.

Privacy: We reserve the right to contact you to schedule or confirm an appointment by either E-Mail, text, mobile, or home number. You may revoke the right to be contacted by any means and choose to opt out of being contacted by a specific means by submitting a request to our office in writing at any time. You grant permission for **West Side Pediatrics** to leave the following information via voice mail, E-Mail or text: appointment notice, patient first and last name, appointment date/time and location.

2. Uses and Disclosures Where Authorization is Required

Psychotherapy Notes: Unless otherwise required by law, most disclosures of psychotherapy notes (if recorded by us) will require your authorization.

Sale of PHI: Other than the transition provisions in 45 C.F.R. 164.532, we will obtain your authorization for any disclosure of your PHI for sale. Such authorization will state whether the disclosure will result in remuneration.

Marketing: Except in limited situations permitted under 45 C.F.R. 164.508(a)(3), we will obtain your authorization for any use or disclosure of your PHI for marketing purposes. Such authorization will state whether remuneration was involved.

Other Permitted and Required Uses and Disclosures: Other disclosures not described in this notice will be made only with your individual written authorization, unless required by law. You may revoke such authorization, at any time, in writing to our Privacy Officer identified below, except to the extent we have taken an action in reliance on the use or disclosure indicated in the authorization.

3. Notice to Patients Regarding the Destruction of Health Care Records

In accordance with Nevada law, **West Side Pediatrics** hereby advises all patients of our company's commitment to comply with Nevada law regarding the destruction of health care records as follows:

- 1.) The health care records of a person who is less than 23 years of age may not be destroyed; and
- 2.) The health care records of a person who has attained the age of 23 years may be destroyed for those records which have been retained for at least 5 years or for any longer period provided by federal law; and

3.) Except as otherwise provided in subsection 7 of NRS 629.051 and unless a longer period is provided by federal law or pursuant to your insurance plan, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051. Please be advised your medical records may be requested from our company by filing a "Medical Records Release Form" located in the front office. We will process the request in a reasonable period of time (not to exceed 1-2 weeks) and reserve the right to charge \$0.60 per page for filing such request.

4. Your Rights

The following is a statement of your rights with respect to your PHI.

You have the right to inspect, access and request a copy of your PHI: You have the right to inspect, access and request a copy of your PHI, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and PHI that is now subject to law that prohibits access to PHI. You may elect to receive your PHI in which ever requested form you choose. For example, you may receive your PHI by an electronic format, by mail, by email or request a hard copy. If you elect to receive your PHI electronically, we will provide your PHI in a readily producible format per your request. Please note, if you wish to have your PHI by email, we may use an encrypted email to avoid risks associated with unencrypted emails, such as viruses or theft. You have the right to request an unencrypted email, but understand and agree to accept the risks associated with unencrypted emails. You have the right to request your PHI be transmitted to a third party. All requests must be submitted in writing to our Privacy Officer and will be timely processed from the date received in accordance with law. We reserve the right to charge \$0.60 per page for a hard copy of your information and a reasonable cost for copies of X-ray photographs and other healthcare records produced by similar processes.

You have the right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. Your 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 the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional. In addition, **West Side Pediatrics** may decide to deny access to medical records in limited circumstances, please contact our Privacy Officer for further details.

You have a right to be told of a breach: We will timely notify you in writing following any breach of your unsecured PHI, as required by law. You have the right to restrict certain health plan disclosures: You have the right to restrict certain disclosure of your PHI to a health plan with respect to payment of health care items or services for which you have paid out-of pocket and in full for a health care item or service, unless required by law. All request for restrictions, must be submitted in writing to our Privacy Officer and will be timely processed from the date received in accordance with law.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location: All requests to receive confidential communications by alternative means or at an alternate location must be authorized by you in writing. Your request will be timely processed from the date received in accordance with law.

You have the right to obtain a paper copy of this notice from us: You may request a paper copy of this notice on or after the effective date of this notice revision, even if you have agreed to this notice alternatively, i.e., electronically.

You have the right to have your physician amend your PHI: 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.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI: You have the right to an accounting of disclosures except for those related to treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make).

5. Complaints

You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated by our office. You may file a complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Complaints may be in writing, either **electronically via the OCR Complaint Portal**, or on paper by mail, fax, or **e-mail**; please see the following contact information:

Email: OCRComplaint@hhs.gov
Region IX - San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada)
Michael Leoz, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone (800) 368-1019
FAX (415) 437-8329
TDD (800) 537-7697

To file a written complaint to our office, please see the following contact information:
West Side Pediatrics
Attention: HIPAA Privacy Officer
8440 W. Lake Mead Blvd. Ste. 104
Las Vegas, NV 89128
Voice Phone (702) 821-8200
FAX (702) 664-0482

We will not retaliate against you for filing a complaint.

This notice was published and is effective on **November 12, 2020.**



We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice of Privacy Practices, currently in effect. For further information about matters covered by this notice or if you have any objections to this notice, you may ask to speak with our HIPAA Compliance Officer (**Vivian Perdomo**) in person or by phone at : **(702) 821-2000.**

Signature below is only acknowledgment that you have received and fully understand this Notice of our Privacy Practices:

Printed Name of Patient: _____ Signature of Patient/Parent/Guardian or Authorized Representative _____

Printed Name of Patient/Parent/Guardian or Authorized Representative (if applicable) _____ Date _____