



Pediatric Specialists of Virginia, LLC

Notice of Privacy Practices and Statement of Patient Rights and Responsibilities

Notice of Privacy Practices

Revised effective November 1, 2016

WHAT IS A NOTICE OF PRIVACY PRACTICES?

The Notice of Privacy Practices, a requirement of the Health Insurance Portability and Accountability Act (HIPAA), describes how we can use our patient's private health information, how it can be shared, the safeguards we have in place to protect the information, your rights of access, and the requirements we have to follow as a provider of health care.

ACKNOWLEDGEMENT OF THE RECEIPT OF THIS NOTICE

You will be given a Notice when you come to Pediatric Specialists of Virginia, LLC, on your first visit. Our intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. We will ask you to sign the Patient Acknowledgement of Receipt of Notice of Privacy Practices that shows we gave you this information. The delivery of healthcare services is not conditioned on your signed acknowledgement of receiving this Notice.

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES?

Pediatric Specialists of Virginia, its employees, contractors, and volunteers, will comply with the protections of privacy as described in this Notice.

WHAT IS PROTECTED HEALTH INFORMATION AND WHAT ARE OUR DUTIES TO YOU?

Protected Health Information (PHI) is individually identifiable health information. This information includes demographics (such as your child's name, address, age, or phone number) and medical care information (such as the name of an illness, health services we provide, or your child's medications). Past, present, and future information is protected.

We are required by HIPAA to do the following:

- Make sure your private information is kept private.
- Give you this Notice that explains how we use your information.
- Do what we say in this Notice.
- Tell you about any changes we make to the information in this Notice.

We reserve the right to change or revise this Notice. The effective date of the Notice is near the top of the first page and on the top of the last page. This Notice and any changes apply both to information we may collect in the future. You can ask for a Notice of our Privacy Practices at anytime. Our Notice is also posted in our location and on our website, www.PSVCare.org.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following are examples of the permitted uses and disclosures of your child's protected health information. These are examples and are not intended to be exhaustive.

■ Required Uses and Disclosures

By law we must disclose your child's information to you unless a medical authority determines that access to that information may be harmful to you or your child. We also must disclose information to the Secretary of the Department of Health and Human Services for investigations or determinations of our compliance with laws about privacy.

If you have any questions about this notice or about our privacy practices, you can contact Pediatric Specialists of Virginia, LLC, at any time:

By email at: PrivacyOfficer@PSVCare.org

By phone at: 703.289.2460

By mail at: 8110 Gatehouse Road, Suite 500 West, Falls Church, VA 22042, Attention: Privacy Officer

Pediatric Specialists
of Virginia



Notice of Privacy Practices *(continued)*

■ Treatment

We will use and disclose your child's information to provide, coordinate, or manage your child's healthcare and related services. This includes the coordination or management of your child's healthcare with a third party. For example, we would disclose your child's information to their primary care physician, a specialist involved with the care, a laboratory, or others providing assistance with the healthcare diagnosis or treatment. In emergencies we will use and disclose the information to provide the treatment your child requires.

■ Payment

Your child's information will be used as needed to obtain payment for healthcare services. This might include determining eligibility, or obtaining referrals or approval for your child's admission.

■ Healthcare Operations

We may use your child's information to support improvement in our daily activities related to healthcare operations, such as quality planning and improvement, staff performance reviews, completing licensing requirements, and other normal processes needed in healthcare.

We will disclose your child's information, when needed, to schedule an appointment, remind you of appointments, call your child's name in the waiting areas, and have you sign in when you arrive.

We may share your child's information with third party business associates who perform various activities for us, such as billing or transcription services who must protect your information in the same manner as we protect it.

We also may use your child's information to provide alternative options for care. For example, we may ask if you wish to receive a newsletter that helps other families with your child's disease. We may send you information about products or services that might benefit you and your family.

■ Required by Law

We may use or disclose information if law or regulation requires it. For example, Pediatric Specialists of Virginia will comply with regulations that require reporting certain medical outcomes to government agencies.

■ Public Health

We may disclose your child's protected health information to a public health authority who is permitted by law to collect or receive the information.

The disclosure may be necessary to:

- Prevent or control disease, injury, or disability.
- Report deaths.
- Report child abuse or neglect.

- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

■ Communicable Diseases

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

■ Health Oversight

We may find it necessary to disclose your child's health information to an oversight agency for activities such as audits, investigations, or inspections. These health oversight agencies may include the government that oversees the healthcare system, voluntary inspections, or credentialing organizations and other licensed groups.

■ Food and Drug Administration

We may find it necessary to disclose your child's health information to a person or company required by the Food and Drug Administration to:

- Report adverse events.
- Track products.
- Enable product recalls.
- Make repairs or replacements.

■ Legal Proceedings

We may find it necessary to disclose health information during any judicial or administrative proceedings in response to a court order, warrant, subpoena, discovery request, or other lawful process.

■ Law Enforcement

We may find it necessary to disclose health information for law enforcement purposes such as:

- Response to legal proceedings.
- Information requests for identification or location.
- Circumstances pertaining to victims of a crime.
- Deaths or medical emergencies suspected to have resulted from criminal conduct.
- If it is necessary to identify or apprehend an individual.

■ Criminal Activity

We may find it necessary to disclose your child's health information if we believe that its use and disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

■ Special Situations

We may find it necessary to disclose your child's health information to coroners, funeral directors, or medical examiners for their performance of duties as authorized by law. Protected health information may be used and disclosed to organizations that handle the procurement for cadaveric organ, eye, or tissue donations to facilitate organ or tissue donation or transplant.

■ Research

We may disclose your child's protected health information to researchers when allowed by law, for example, if their research has been approved by an Institutional Review Board that has reviewed the research proposal and established a plan to ensure the privacy of your child's protected health information. We may disclose your child's protected health information to researchers preparing and planning a research project, for example to help look for patients who may have specific medical conditions, as long as the information does not leave Pediatric Specialists of Virginia.

■ Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar capacity or legal status, such as a patient representative. We will act consistently with state laws where the treatment is provided and will make disclosures following such laws whenever the state law is more protective of privacy than the Federal law. We will make every effort to protect children's rights to a private physician/patient relationship.

WHEN WILL YOUR PERMISSION FOR USES AND DISCLOSURES OF YOUR CHILD'S INFORMATION BE REQUIRED?

In some circumstances you have the opportunity to agree or object to the use or disclosure of all or part of your child's information. For example, we would require your written authorization for most uses and disclosures of PHI for marketing purposes.

■ Marketing and Fund Raising Activities

We may use medical information about you to contact you in an effort to raise money for Pediatric Specialists of Virginia and its operations. We only would release contact information such as your name, address and phone number and the dates your child received treatment or services at Pediatric Specialists of Virginia. We will not sell your child's protected health information. If you do not want Pediatric Specialists of Virginia to contact you for marketing or fundraising efforts, you must notify us at 3023 Hamaker Court, Suite 200, Fairfax, VA 22030, Attention: Marketing in writing, or you may call us at 703.848.6610 and we will remove your family information from our database.

■ Internet Use and Access

On our website we describe the policies and practices of Pediatric Specialists of Virginia regarding the collection and use of your personal information when you visit our website and your use of our other Internet services. Pediatric Specialists of Virginia is committed to maintaining the privacy of visitors to our website and users of our Internet services. We do not track individual user's visits to our websites. When you use our website to make appointments, register for events, purchase products or services, or join groups, we will collect information necessary to process the transaction. This may include your name, address, telephone and fax numbers, e-mail address, and credit card number or other payment information.

This information is encrypted to ensure that your private information is transmitted in a secure fashion, but please understand that no one can guarantee that unlawful or inappropriate use by third parties will not happen. Please see "Other Uses of Medical Information" for details of how we use some of this information for other purposes. When you use our website, we will sometimes use your e-mail address, address, fax number, or other information to confirm a transaction, verify your identity, send you general information such as newsletters, or for similar purposes, either directly or through others we contract with. We will not disclose any information to third parties for any other purpose, and we will not sell mailing lists. In some cases, you will be given the choice on the website not to have your information used for some of these purposes. In those cases, you will see information on how to make that choice.

■ Individuals Involved in Your Child's Care

We will always make every effort to get permission from you to disclose information about your child's care. We will make every effort to help you be the agent for information about your child. When you are not available, this may mean that you will need to identify the names of any alternate representative(s) that are authorized to receive patient information. Except in cases where Pediatric Specialists of Virginia has been presented with a court document restricting or redirecting parental rights, either parent may see the medical record, visit the patient, take the child home, or make care decisions. We may need to disclose information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals.

WHAT ARE YOUR PATIENT RIGHTS?

You have the following rights regarding your child's protected health information:

1. The right to a copy of this Notice of Privacy Practices. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
2. The right to reasonable requests that health information not be used or disclosed for treatment, payment, or healthcare operations (except for those required by law). For example, you have the right to ask that protected health information not be given to a health plan if the information relates to services for which you have already paid the provider in full out of your own pocket.
3. The right to change your mind and take back an authorization for use or disclosure of protected health information, when it is reasonable. All requests to withdraw permission for uses and disclosures of protected health information should be made in writing to our Privacy Officer.
4. The right to request that we communicate with you about confidential matters in a particular way (such as by phone or mail) or at a certain location (such as at home or work).
5. The right to look at and review your child's health information, as well as ask for copies of your child's health information, unless prohibited by law.
6. You have the right to request changes to your child's health record if you think that the health information we have about your child is incorrect or incomplete. We may, however, deny your request. If we deny your request to add or change the information we will communicate our reasons for the denial in writing to you within sixty (60) days and we will provide you with an explanation of options for responding to the denial. Even if we believe the record is correct and we deny your request, you still have the right to have your original request for changes or to have your letter of disagreement with our denial of your request noted in your child's record. Inclusion of this information in your child's health record is not an indication that the provider or Pediatric Specialists of Virginia agrees with the added information. All requests to change or add to your child's health record must be made in writing to our Privacy Officer.
7. The right to receive your child's information in an electronic format to the extent possible. If we maintain your child's health information in electronic format, you have the right to request that an electronic copy of the record be given to you or transmitted to another individual or entity.

8. The right to request a report of each time your child's health information has been shared with anyone other than for uses related to treatment, payment or healthcare operations as described in this Notice.
9. The right to be notified upon a breach of any of your child's unsecured protected health information. A breach may be an unauthorized use or disclosure of unsecured protected health information. We will notify you if your child's protected information has been breached as required by state and federal law.
10. The right to file a complaint if you believe your child's privacy rights have been violated. See "How Do I File a Complaint?"

■ Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your permission. If you provide authorization to use and disclose information about your child, you have the right to revoke the permission in writing at any time. If you revoke your permission, we will no longer disclose the information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to your child.

HOW DO I FILE A PRIVACY OR SECURITY OF HEALTH INFORMATION (HIPAA) COMPLAINT?

Any patient, parent, legal guardian, or patient representative may file a verbal or written formal complaint.

If you believe your privacy rights have been violated, you may file a complaint with PSV by contacting the Privacy Hotline at 703.289.2460 or the Compliance Department at 8110 Gatehouse Road, Suite 500 West, Falls Church, VA 22042, Attention: Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U. S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, TDD: 1.800.537.7697

You will not be penalized for filing a complaint about PSV's Privacy Practices.

Patient Rights and Responsibilities

Pediatric Specialists of Virginia is dedicated to providing quality healthcare, respecting the rights of each patient and family, and recognizing each patient's personal dignity.

We want you to know that each patient at Pediatric Specialists of Virginia has these rights:

- Receive treatment regardless of your age, gender, race, national origin, language, religion, sexual orientation, disability or any other discrimination prohibited by law.
- To have us tell you if it is necessary to transfer you or your child somewhere else to receive the needed care.
- To know and understand what your rights are at all times. A copy of the Notice of Privacy Practice, which describes your right to privacy and confidentiality, will be given to you.
- Receive information in a language or manner you understand. This includes the right to interpreter services at no cost to you.
- To take part in the development of the plan of care for yourself or your child and to take part in carrying it out. We will provide you with advice and support.
- To make decisions about care after being fully informed about you or your child's condition, the risks and benefits of proposed treatments, and other treatment choices. You will be informed about expected and unexpected treatments and outcomes. You have the right to request or refuse treatment. You have the right to participate in resolving ethical questions about these care decisions.
- To make medical treatment decisions for yourself, if you are 18 years-of-age or older, or if you are a minor permitted by law to consent on your own.
- To plan for your future medical care or the future medical care of your child by expressing preferences in advance directives. You have the right to have Pediatric Specialists of Virginia follow those directives. To learn more about Advance Directives in Virginia, please visit: www.virginiaadvancedirectives.org.
- To have medical records and other information kept confidential; to review your own or your child's medical record with a staff member present; to add your comments to the record; to request a copy of the record; to restrict disclosure of the record as allowed by federal law; to receive documentation about the disclosure of the medical record to others.
- To receive information about pain relief and have us effectively assess and manage pain for the patient.
- To receive information and access to services such as guardianship, child and adult protective services, and services for persons unable to care for themselves, or who are victims of violence, abuse, or neglect.
- To receive information about Pediatric Specialists of Virginia financial assistance policy with instructions on how to apply.
- To have a family member, or another person you choose, and your doctor notified promptly if you or your child is admitted to a hospital.
- To assign the role of patient representative to any person you want to receive your health information.
- To have Pediatric Specialists of Virginia respect your personal privacy and your religious and cultural views, within the parameters of the laws of Virginia and the policies and procedures of Pediatric Specialists of Virginia.
- To receive care in a safe setting and be free from all forms of abuse or harassment.
- To be free of restraint or seclusion unless it is necessary to protect the patient, other patients, or staff.
- To talk to someone if you have any questions, concerns, or problems, and have us respond. Please talk to your doctor or nurse first.
- Agree or decline to participate in research studies.
- File a complaint and not be subject to discrimination, force, punishment or unreasonable interruption of care, treatment or services.

If you believe your privacy rights have been violated, you may file a complaint with PSV by contacting the Privacy Hotline or The U.S. Department of Health and Human Services (contact information on page 4).

PATIENT AND FAMILY RESPONSIBILITIES

As a parent or legal guardian of a patient or as an adult patient, the following are your responsibilities:

- Provide complete and accurate information about you or your child's health, including past illnesses, hospital stays, use of medications and other matters relating to your health. You also need to follow your doctors' and nurses' instructions.
- Accurately identify yourself and your child.
- Tell us if you do not understand something about your child's care or your care.
- Tell us about any risks you think there may be in your child's or your care. Also tell us about any unexpected changes in your child's or your condition.
- Tell us if you think the patient is in pain.
- Providing PSV with accurate contact and billing information.
- Follow the care, service, or treatment plan. Telling your doctor if you believe you cannot follow through with the treatment plan and understanding the possible results if you decide not to follow the recommended treatment plan.
- Detailed knowledge of your health insurance coverage including deductibles, co-pays and network coverage.
- Being considerate of other patients, staff and hospital property and following PSV rules and regulations. This applies to your visitors as well.
- Providing necessary information for insurance claims and to pay your bills or make arrangements for financial obligations in a timely manner.
- Recognizing that PSV cannot accept responsibility for any personal property.

Notice of Non-Discrimination

Pediatric Specialist of Virginia (PSV) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PSV does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pediatric Specialists of Virginia provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact one of our Practice Managers or our Ambulatory Surgery Center Administrator. Mail: 3023 Hamaker Court, Suite 200, Fairfax, VA 22031, Phone: 703.876-2788, [TTY number—1.800.828.1120], Fax: 703.839.8779, or Email: PSVCommunications@PSVCare.org.

If you believe that PSV has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: one of our Practice Managers or our Ambulatory Surgery Center Administrator, via Mail: 3023 Hamaker Court, Suite 200, Fairfax, VA 22031, Phone: 703. 876-2788, [TTY number—1.800.828.1120], Fax: 703.839.8779, or Email: PSVCommunications@PSVCare.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of our Practice Managers or our Ambulatory Surgery Center Administrator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, TDD: 800.537.7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-703- 876-2788 (TTY: 1-800-855-8200).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-703-876-2788 (TTY: 1-800-828-1120)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-703-876-2788 (TTY: 1-800-828-1120).

繁體中文 (Chinese): 注意: 如果使用繁體中文, 可以免費獲得語言援助服務。請致電 1-703-876-2788 (TTY: 1-800-828-1120)。

عربي (Arabic): نودعكم على استخدام خدماتنا اللغوية مجاناً، بما في ذلك خدمة الترجمة من لغة إلى لغة. إنكم لستم بحاجة إلى دفع أي شيء للحصول على هذه الخدمات. اتصل برقم 1-703-876-2788 (TTY: 1-800-828-1120).

Tagalog - Filipino: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-703-876-2788 (TTY: 1-800-828-1120).

فارسی (Farsi): دینابز تاالیسه ست، دینک یم وگتفگ یم سراف نابزه هب رگا: هجوت (Farsi) ی سراف دیناب اول و مصلوا فتاه م (رقم) 1-703-876-2788 (TTY: 1-800-828-1120) اب. دشاب یم مهارف امش یرب نایار تروصب دیریب سامت.

አማርኛ (Amharic): ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶቻችን በነጻ ለያግዝዎት ተዘጋጅተዋል። ወዲህ ሚስተላው ቁጥር ይደውሉ 1-703-876-2788 (መስማት ስተላኛቸው: 1-800-828-1120)።

اردو (Urdu): تمام خدمتوں کی دھندلک آپ کو پہلے سے ملے گی اور آپ کو اور بھی خدمات ملیں گی۔ یہ سب سروسز آپ کے لئے مفت ہیں۔ اگر آپ اردو بولتے ہیں، تو آپ کو ان تمام سروسزوں سے مفت میں خدمات ملیں گی۔ 1-703-876-2788 (TTY: 1-800-828-1120)۔

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-703-876-2788 (ATS : 1-800-828-1120).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-703-876-2788 (телетайп: 1-800-828-1120).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-703-876-2788 (TTY: 1-800-828-1120) पर कॉल करें।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-703-876-2788 (TTY: 1-800-828-1120).

বাংলা (Bengali): লক্ষ্য করুনঃ যদি আপনি বাংলা কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-703-876-2788 (TTY: ১-800-828-1120)।

èdè Yorùbá (Yoruba): AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-703-876-2788 (TTY: 1-800-828-1120).