

**PEDIATRIC ASSOCIATES OF MANHATTAN, PA**  
**NOTICE OF PRIVACY PRACTICES**  
**1133 College Ave, Suite G210**  
**Manhattan, KS 66502**  
**785-537-9030**  
**<https://www.pediatricsmhk.com>**  
**Privacy Officer: [Patti@kidzmd.com](mailto:Patti@kidzmd.com)**  
**Effective Date 05-01-2023**

## **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

**When it comes to your child's health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your child's medical record**

- You can ask to see or get an electronic or paper copy of your child's medical record and other health information we have about your child. Ask us how to do this.
- We will provide a copy or a summary of your child's health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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

- You can ask us to correct health information about your child that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **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 Child’s care.
- 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 child’s 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 a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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

- If you have given someone medical power of attorney or if someone is your legal guardian, 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 child’s rights by contacting us using the information on page 1.
- You can 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 1-877-696-6775, 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 us 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 child's 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 child's information if we believe it is in your child's best interest. We may also share your child's information when needed to lessen a serious and imminent threat to health or safety.*

In this case we never share your child's information unless you give us written permission:

- Marketing purposes

## **Our Uses and Disclosures**

### **How do we typically use or share your child's health information?**

We typically use or share your child's health information in the following ways.

#### **Treat you**

We can use your child's health information and share it with other professionals who are treating your child.

*Example: A doctor treating your child for an injury asks another doctor about your child's overall health condition.*

#### **Run our organization**

We can use and share your child's health information to run our practice, improve your child's care, and contact you when necessary.

*Example: We use health information about your child to manage their treatment and services.*

#### **Bill for your services**

We can use and share your child's health information to bill and get payment from health plans or other entities.

*Example: We give information about your child to your health insurance plan so it will pay for your child's services.*

### **How else can we use or share your child's health information?**

We are allowed or required to share your child's information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in

the law 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).

### **Help with public health and safety issues**

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the law**

We will share information about your child 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 federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about your child with organ procurement organizations.

### **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.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about your child:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

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

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your child's protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your child's information.
- We must follow the duties and privacy practices described in this notice and give you/your child a copy of it.
- We will not use or share your child's 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/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Your Rights Regarding Electronic Health Information Exchange**

Pediatric Associates of Manhattan, PA participates in electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE. First, you may permit authorized individuals to access your child's electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to all of your child's information through an HIO (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.kanhit.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your child's information.

If you have questions regarding HIE or HIOs, please visit <http://www.kanhit.org> for additional information.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

## **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 your child. The new notice will be available upon request, in our office, and on our web site.

**Pediatric Associates of Manhattan, P.A.  
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