



NOTICE OF PRIVACY PRACTICES

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), THIS NOTICE OF PRIVACY PRACTICES (“NPP”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. Maintaining the Privacy of Your PHI:

After Hours Pediatrics, Inc. (“AHP”) is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or “PHI”). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in AHP concerning your PHI. By federal and state law, we must follow the terms of the NPP of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by AHP. We reserve the right to revise or amend this NPP. Any revision or amendment to this notice will be effective for all of your records that AHP has created or maintained in the past, and for any of your records that we may create or maintain in the future.

If you have a question about the NPP or you would like to request a copy of our most current NPP, please mail your question or request to our Executive Vice President at 2125 E. Thousand Oaks Boulevard, Suite B-2, Thousand Oaks, California 91362.

B. Use and Disclosure of Your PHI:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. AHP may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for AHP, including, but not limited to, our providers and medical assistants, may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. We may also disclose your PHI to other health care providers for purposes related to your treatment. Finally, in an effort to improve your follow-up care, we may provide our provider notes, from your visit, directly to your primary care physician.

2. Payment. AHP may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health care operations. AHP may use and disclose your PHI to operate its medical practice. AHP may use and disclose your PHI to get your health plan to authorize services or referrals. AHP may also use and disclose your PHI as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. AHP may also share your PHI with our “business associates,” such as our billing service, that perform administrative services for us. AHP has

a written contract with each of these business associates that contains terms requiring them to protect the confidentiality and security of your PHI.

4. Appointment reminders and sign-in sheet. AHP may use and disclose your PHI to contact you and remind you of an appointment. AHP may also use and disclose your PHI by having you sign in when you arrive at our office and call out your name when we are ready to see you.

5. Health-related benefits and services. AHP may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

6. Release of information to family/friends. AHP may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician’s office for treatment of a cold. In this example, the baby sitter may have access to this child’s medical information.

7. Disclosures required by law. AHP will use and disclose your PHI when AHP are required to do so by federal, state or local law.

C. Use and Disclosure in Special Circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public health risks. AHP may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient, including domestic violence (however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information); or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. AHP may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include the following:

- Investigations, inspections, audits, surveys, licensure and disciplinary actions;
- Civil, administrative and criminal procedures or actions; or
- Other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. AHP may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement;
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena or similar legal process;
- To identify/locate a suspect, material witness, fugitive or missing person; or

- In an emergency, to report a crime (including the location of the victim of the crime, or the description, identity or location of the perpetrator).

5. Deceased patients. AHP may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and tissue donation. AHP may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Serious threats to health or safety. AHP may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military. AHP may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. National security. AHP may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

10. Inmates. AHP may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary in the following circumstances:

- For the institution to provide health care services to you;
- For the safety and security of the institution; or
- To protect your health and safety or the health and safety of other individuals.

11. Workers' compensation. AHP may release your PHI for workers' compensation and similar programs.

D. Rights Regarding Your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that AHP communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the individual listed in Section A of this NPP, specifying the requested method of contact, or the location where you wish to be contacted. AHP will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the individual listed in Section A of this NPP. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit AHP's use, disclosure or both; and
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the individual listed in Section A of this NPP

in order to inspect and/or obtain a copy of your PHI. AHP may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. AHP may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for AHP. To request an amendment, your request must be made in writing and submitted to the individual listed in Section A of this NPP. You must provide us with a reason that supports your request for amendment. AHP will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

- Accurate and complete;
- Not part of the PHI kept by or for AHP;
- Not part of the PHI which you would be permitted to inspect and copy; or
- Not created by AHP, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." An accounting of disclosures is a list of certain non-routine disclosures AHP has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in AHP is not required to be documented (for example, the provider sharing information with the medical assistant; or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to the individual listed in Section A of this NPP. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but AHP may charge you for additional lists within the same 12-month period. AHP will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the individual listed in Section A of this NPP.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with AHP or with the Secretary of the Department of Health and Human Services. To file a complaint with AHP, contact the individual listed in Section A of this NPP. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to provide an authorization for other uses and disclosures. AHP will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

9. Breach notification. In the case of a breach of unsecured PHI, AHP will notify you as required by law. If you have provided us with a current email address, AHP may use email to communicate information related to the breach. We may also provide notification by other methods as appropriate.

10. Change of ownership. In the event that AHP is sold or merged with another organization, your PHI will become the property of the new owner.

11. Changes to this NPP. AHP reserve the right to amend its privacy practices and the terms of this NPP at any time in the future. Until such amendment is made, we are required by law to comply with this NPP. After an amendment is made, the revised NPP will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the individual listed in Section A of this NPP.