**Summers Pediatrics, S.C.**

**2010 South Arlington Heights Rd. Suite 210**

**Arlington Heights, IL 60005**

**Notice of Privacy Practices**

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

At **Summers Pediatrics, S.C.,** we are committed to treating and using protected health information (“PHI”) about you responsibly. This Notice of Privacy Practices (“Notice”) describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice has been updated in accordance with the HIPPA Omnibus Rule. It applies to all PHI as defined by federal regulations.

**Understanding Your Child’s Health Record Information**

Each time your child/you visit **Summers Pediatrics, S.C.,**; a record of her or his visit is made. Typically, this record contains their symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information may be used or disclosed to:

* Plan their care and treatment
* Communicate with other providers who contribute to their care
* Serve as a legal document
* Receive payment from you the parent, the plan, or their health insurer
* Assess and continually work to improve the care we render and the outcomes we achieve
* Comply with state and federal laws that require us to disclose their health information

Understanding what is in your child’s/your record and how their health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access their health information, and make more informed decisions when authorizing disclosure to others.

**Their Health Information Rights**

Although your child’s/your health record is the physical property of **Summers Pediatrics, S.C.,** the information belongs to you, the guardian of the child. You have the right to request to:

* Access, inspect and copy their health record. We maintain an electronic medical record (“EMR”), you have the right to access their EMR through the patient portal and to direct us to send an electronic copy directly to a third party. **Summers Pediatrics, S.C.,** will charge you a reasonable cost-based fee for the cost of supplies and labor of copying.
* Amend your child’s/your health record which you believe is not correct or complete. **Summers Pediatrics, S.C.,** is not required to agree to the amendment if **Summers Pediatrics, S.C.,**did not create the information or if it is correct or complete.
* Obtain an accounting of disclosures of their health information.
* Communications of their health information by alternate means (e.g. patient portal) or at alternative locations (e.g. post office box).
* Place restriction to certain uses and disclosures of their information. In most cases **Summers Pediatrics, S.C.,** is not required to agree to these additional restrictions, but if **Summers Pediatrics, S.C.,** does, **Summers Pediatrics, S.C.,.** will abide by the agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). **Summers Pediatrics, S.C.** must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.
* Revoke authorization to use or disclose health information except to the extent that action has already been taken.
* Obtain a copy of your child’s/your health care information in paper or a machine readable electronic format. We have up to 30 days to make your child’s/your information available to you.

**Our Responsibilities**

**Summers Pediatrics, S.C.** is required to:

* Maintain the privacy of your health information.
* Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child/yourself.
* Abide by the terms of the Notice currently in effect.
* Notify you in writing if we are unable to agree to a request restriction.
* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
* Notify you in writing of a breach where your child’s/your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. “Unsecured PHI” refers to PHI that is not secured through the use of technologies or methodologies that render the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such as revised Notices will be made available to you.

We will not use or disclose your child’s/your health information without your written authorization, expect as described in this Notice.

*Treatment*: Information obtained by nurse, physician, or other member of your child’s/your health care team will be recorded in their medical record and used to determine the course of treatment that should work best for your child/yourself. To promote quality care, **Summers Pediatrics, S.C.** operates an EMR. This is an electronic system that keeps health information about your child/yourself. **Summers Pediatrics, S.C.** may also provide a subsequent healthcare provider with health information about your child/yourself (e.g., copies of various reports) that should assist him or her in treating your child/you in the future. **Summers Pediatrics, S.C.** may also disclose health information about your child/yourself to, and obtain your child’s/your health information from, electronic health information networks in which community healthcare providers may participate in facilitate the provision of care to patients such as that of your child/yourself.

**Summers Pediatrics, S.C.** may use prescription hub which provides electronic access to your child’s/your medication history. This will assist **Summers Pediatrics, S.C.** health care providers in understanding what other medications may have been prescribed for your child/you by other providers.

*Payment*: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies your child, diagnosis, procedures, and supplies used.

*Health Care Operations*: We may use information in your child’s/your health record to assess the care and outcomes in his or her case and others like it. This information will then be used in an effect to continually improve the quality and effectiveness of the health care and service we provide.

*Business Associates*: We may contract with third parties to provide services on our behalf and disclose your child’s/your health information to our business associate so that they can perform the job we’ve asked them to do. We require the business associate to appropriately safeguard your child’s/your information

*Communications for Office:* We may call your home or other designated locations and leave a message on voicemail, in person, or through the patient portal, in reference to any items that assist **Summers Pediatrics, S.C.** in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items and any call pertaining to your child’s clinical care. We may mail to your home or other designated location any items that assist **Summers Pediatrics, S.C.** in carrying out treatment, payment and health care operations, such as appointment reminders, patient satisfaction surveys and patient statements.

*To avert a Serious Threat to Health or Safety*: We may use your child’s/your health information or share it with others when necessary to prevent a serious threat to your child’s/your health or safety, or the health or safety of another person or the public.

*Research*: We may use and disclose a limited data set that does not contain specific readily identifiable information about your child/yourself for research. We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information

*Coroners, Medical Examiners and Funeral Directors*: In the unfortunate event of your child’s/your death, we may disclose health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

*Deceased Individuals*: In the unfortunate event of your child’s/your death, we are permitted to disclose your child’s/your PHI to you, your child’s personal representative and family members and others who were involved in the care or payment for your child’s/your care prior to their death, unless inconsistent with any prior expressed preference that you provided to us. PHI excludes any information regarding a person who has been deceased for more than 50 years.

*Organ Procurement Organization*: Consistent with applicable law, we may disclose health information to organ procurement organizations, federally funded registries, or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing*: We may contact you by mail or patient portal to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you for the benefit of your child/yourself. However, we must obtain your prior written authorization for any marketing or products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

*Sale of your PHI*: **Summers Pediatrics, S.C.** may not “sell” your child’s/you PHI (i.e.,such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such as exchange meets a regulatory exception.

*Health Oversight Activities*: We may release your child’s/your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Public Health*: As required by law, we may disclose your child’s/your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement*: We may disclose health information for law enforcement purposes as required by law.

*National Security*: Our practice may disclose your child’s/your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child’s/your PHI to federal Officials in order to protect the President, other officials, or foreign heads of state, or to conduct, investigations.

*Lawsuits and Disputes*: We may disclose your child’s/your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your child’s/your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

*As Require by Law*: We may use or disclose your child’s/your health information if we are required by law to do so.

**For More Information or to Report a Problem**

If you have and would like additional information, you may contact the **Summers Pediatrics, S. C.**, Privacy Officer at:

Summers Pediatrics S.C.

2010 South Arlington Heights Road

Suite 210

Arlington Heights, IL 60005

Phone: (847) 758-2080 Fax: (847) 758-2084

If you believe your child’s/your rights have been violated, you can file a written complaint with **Summers Pediatrics S.C.** Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

2017