

NOTICE OF PRIVACY PRACTICES

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858 Third Street
Santa Rosa, CA 95404

Privacy Officer: Dr. Madansky
707-576-1813

Effective Date: August 5, 2005

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child's health information. We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to your child as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your child's medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact the Privacy Officer listed above.

A. How this Practice May Use or Disclose Your Child's Health Information

This practice collects health information about your child and stores it in a chart; this is your child's medical record. The medical record is the property of this practice, but the information in the medical record belongs to you, as your child's legal guardian. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about your child to treat him or her and the family. We disclose medical information to others who are involved in providing the care that your child needs. For example, we may share information with other physicians or care providers who provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription for your child. Additionally, we may disclose your child's medical information to others who may assist in your child's care, such as your spouse or other caretakers.
2. **Payment.** We may use and disclose medical information about your child to obtain payment for the services that we provide. For example, we may use the medical information to bill you directly for the services we provide. Or we may disclose the information it requires to your health plan before it will pay us.
3. **Health care operations.** Our practice will use and disclose medical information about your child to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide. We may also use and disclose this information as necessary for medical reviews, legal services and audits, compliance programs and business management.
4. **Appointment reminders.** We may use and disclose medical information about your child to contact you and remind you of appointments. If you are not home., we may leave this information on your answering machine or in a message left with the person answering the phone.
5. **Notification and communication with family.** We may disclose your child's health information to notify or assist in notifying a family member, your personal representative or another person

responsible for your children's care or the payment for that care. If you are able, we will give you the opportunity to agree or object prior to making these disclosures. If you are unable or unavailable to agree or object, in an emergency we will use our best judgment in communication with your family and others.

6. **Required by law.** As required by law, we will use and disclose your child's health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report suspicion of abuse, neglect or domestic violence, respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
7. **Public Health.** We may, and are sometimes required by law to disclose your child's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medication; and reporting disease or infection exposure. When we report abuse or neglect, we will inform you promptly, unless in our best professional judgment, we believe the notification would place your child or you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
8. **Health oversight activities.** We may and are sometimes required by law to disclose your child's health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.
9. **Judicial and administrative proceedings.** We may, and are sometimes required by law to, disclose your child's health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We also may disclose information about your child in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objection has been resolved by a court or administrative order.
10. **Law enforcement.** We may, and are sometimes required by law, to disclose your child's health information to a law enforcement official for purposes of such as identifying a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
11. **Public safety.** We may, and are sometimes required by law, to disclose your child's health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
12. **Specialized Government Functions.** We may disclose your child's health information to correctional institutions or law enforcement officers that have your child in their lawful custody.
13. **Change of ownership.** In the event that this medical practice is sold or merged with another practice, your child's health information will become the property of the new owner, although you will maintain the right to request copies of your child's health information be transferred to another physician or health care provider.
14. **Breach notification.** In case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. We will provide notification by other methods as appropriate.
15. **Research.** We may disclose your child's health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. How this practice may not use or disclose your child's health information

1. **Right to request special privacy protection.** You have the right to request restrictions on the use of your child's health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have

imposed. If you tell us not to disclose information to your commercial health plan or other health plan for services for which you paid in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. **Right to request confidential communications.** You have the right to request that you receive your child's health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you would like to receive these communications.
3. **Right to inspect and copy.** You have the right to inspect and copy your child's health information, with limited exceptions. To access your child's health information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We may charge a reasonable fee, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe that allowing access would be reasonably likely to cause harm to your child, you will have the right to appeal our decision. If we deny your request to access your child's psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to amend or supplement.** You have a right to request that we amend your child's health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information to be inaccurate or incomplete. We are not required to change your health information, and will provide you with information about the medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as it is. You also have the right to request that we add to your record a statement of up to 250 words concerning any item or statement that you believe to be incomplete or incorrect.
5. **Right to an accounting of disclosures.** You have the right to receive an accounting of disclosures of your child's health information made by this medical practice, except that this practice does not have to account for disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1. (Treatment), 2. (Payment), 3. (Health care operations) 5. (Notification and communication with family) and 12. (Specialized government functions) of Section A of this Notice of Privacy Practices or disclosure for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Copy.** You have a right to a paper copy of this Notice of Privacy Practices even if you have previously requested its receipt by email.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact the Privacy Officer listed at the top of this Notice.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. A copy of this Notice will be available at each appointment and will be posted on the website, www.deborahmadansky.com.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your child's health information should be directed to the Privacy Officer listed at the top of this Notice.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IX
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 (FAX)
OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.
You will not be penalized for filing a complaint.