

NEW DAY PEDIATRICS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY. Updated 1/3/20

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We also require 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 practice that we maintain in our office concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that laws are complicated, but we must provide you with the following important information:

- How we may use disclose your IIHI
- Your privacy rights in your IIHI
- Our obligation concerning the use and disclosure of your IIHI

The terms of this notice apply to all containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Jaleh Niazi @
900 Colusa Ave Suite #204, Berkeley, CA 94707
Phone: (510) 465-4445 Fax: (510)208-0437**

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

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

1. **Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory test (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your IIHI to write a prescription for you, or we might disclose your IIHI to the pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment. We may also respond to your questions and/or request via e-mail.
2. **Payment.** Our practice may use and disclose your IIHI 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 in your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As examples of ways in which we may use and disclose your information for our operations, our practice may use IIHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment. Our practice may also via e-mail contact you for appointment reminders.
5. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
6. **Health- Related Benefits and services.** Our practice may use and disclose your IIHI to inform you of health –related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care, who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician’s office for treatment of a cold. In this example. The babysitter may have access to this child’s medical information.
8. **Disclosure Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risks.** Our practice may disclose your IIHI to public 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 a potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or conducting 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 agency (ies) and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patients agree, or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our practice may disclose your IIHI to your health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, and inspections, audits, surveys, licensure, and disciplinary action; civil, administrative, and criminal procedures or actions; or the activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care systems in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have tried to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI 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 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 material witness
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify, identity or location of the perpetrator)
5. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an internal review board or privacy board has determined that the waiver of the authorization satisfies the following:
- i. the use or the disclosure involves no more than a minimal risk to your privacy based on the following
 - an adequate plan to protect the identifiers from improper use and disclosure.
 - an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health research justification for retaining the identifiers or such retention is otherwise required by law); and
 - adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except required by law) for authorization oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.
 - ii. the research could not practicably be conducted without the waiver; and
 - iii. the research could not practicably be conducted without access to and use of the PHI.
2. **Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI 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.
3. **Military.** Our practice may disclose your IIHI if you are a member of a U.S or foreign military forces (including veterans) and if required by the appropriate authorities.
4. **National Security.** Our practice may disclose you IIHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IIHI to federal officials to protect the president, other officials or foreign heads of state, or to induct investigations.
5. **Workers Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

E. **YOUR RIGHTS REGARDING YOUR IIHI**

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

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at certain location. For instance, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must take a written request to New Day Pediatrics, or call (510) 465-4445 for further information, specifying the requested method of contact. Our practice 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 IIHI for treatment, payment, or health care operations. For example, you may request that we don't use e-mail to contact you. Additionally, you have the right to request that we restrict our disclosure of your IIHI 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. To request a restriction in our case or disclosure of your IIHI, you must take your request in writing to New Day Pediatrics, or call (510) 465-4445, for further information. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted.
 - (b) whether you are requesting to limit our practice's use, disclosure, or both; and
 - (c) to whom you want the limits to apply.
3. **Inspection and copies.** You have the right to obtain a copy of the IIHI 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 New Day Pediatrics, or call (510) 465-4445 for further information to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy 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 if the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to New Day Pediatrics, or call (510) 465-4445 for further information. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit 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: (a) accurate and complete; (b) not part of IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created information is not available to amend the information.

5. **Accounting of Disclosure.** All our patients have the right to request an “accounting of disclosures” An “accounting of disclosures” is a list of non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment, or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. To obtain an accounting of disclosures, you must submit your request in writing to New Day Pediatrics, or call (510) 465-4445 for further information. 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 the disclosures and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists with-in the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw any 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 of this notice, contact New Day Pediatrics at (510) 465-4445 for further information.
7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint either with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact New Day Pediatrics at (510) 465-4445 for further information. 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.** Our practice 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 IIHI may be revoked at any time in writing. After you revoked your authorization, we will no longer use your IIHI for reasons described in the authorization. Please note, we require records of your case.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact New Day Pediatrics at (510) 465-4445 for further information.

Please note legal representatives of unemancipated minors are their parents or legal guardians.