

Pediatric Group Associates, S.C.

1625 Avenue of the Cities
Moline, IL 61265

Phone: (309) 797-5437

Fax: (309) 797-3140

465 Avenue of the Cities, Suite 120
East Moline, IL 61244

Phone: (309) 755-6115

Fax: (309) 755-4112

Christopher S. Moen, M.D., F.A.A.P.

Thomas J. Herr, M.D., F.A.A.P.

Hailé Neptune, M.D., F.A.A.P.

Michael J. Schott, M.D., F.A.A.P.

Sandra J. Khoury, M.D., F.A.A.P.

Angela M. Currie, M.D., F.A.A.P.

Anders J. Brodd, M.D.

James L. Livermore, M.D.

PRIVACY NOTICE TO PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PEDIATRIC GROUP ASSOCIATES (PGA) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY,

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Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations, **Pediatric Group Associates** and all similar health care providers are required by federal law to maintain the privacy of your protected health information ("PHI") and will abide by the terms in this Privacy Notice.

Please be advised that PGA may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with medical care/treatment, when you visit our office or we treat you in a hospital or nursing facility. Under federal law, we may disclose your PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, employer, Medicare, Medicaid, or other party responsible for providing you with health insurance coverage in order for PGA to be reimbursed for our services rendered to you. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI when required by the Secretary of Health & Human Services.

Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirements of the HIPAA rules without PGA needing to obtain your authorization if any of the following instances occur:

1. Required by law,
2. required for public health purposes,
3. required disclosures about victims of abuse, neglect, or domestic violence,
4. required by health oversight agency for oversight activities authorized by law,
5. required in the course of any judicial or administrative proceeding.
6. If disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
7. Required for a law enforcement purpose to a law enforcement official,

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8. Required by a coroner or medical examiner,
 9. Required by an organ procurement organization, for research, or

Additionally, if you are a member of the armed forces, PGA is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.

We may also contact you via mail or phone to remind you of appointment with our office or to discuss treatment alternatives.

In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if PGA desired to release your PHI for reasons other than treatment, payment, or for our practice's operations. For example, if we desired to participate in outside research or a drug study, we would need your written authorization prior to being permitted to release your PHI to such outside research facility or drug manufacturer. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending PGA a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures only.

Please be further advised that you have the ability to access, copy, inspect, and amend your medical information that we maintain. Additionally, if you desire, PGA can provide you with an accounting of all disclosures that we have made of your PHI to third parties, except disclosures for treatment, payment or health care operations and pursuant to authorization.

If you have a dispute with our practice regarding our use of your PHI or disclosure by PGA and believe that your primary rights have been violated, please contact Mr. Patrick Connolly, Esq., our Privacy Officer, to file a complaint or you may contact the Secretary of Health and Human Services. Please understand that PGA will not retaliate against you in any way for filing a complaint.

Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of your PHI to carry out treatment, payment, or health care operations or disclosures by PGA of your PHI to a family member, relative, or close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means.

Additionally, if you have received this notice in electronic form and you would like a paper copy, please contact Patrick Connolly, Privacy Officer. PGA reserves the right to amend this Notice as revised. Notices will be posted in our office and provided to you upon request.

Please sign below acknowledging receipt of the PGA Privacy Notice. Thank you and if you have any questions please direct them to Patrick Connolly at 678-832-1826.

Patient or Representative

(Date)