



GENERATIONS

Pediatrics & Internal Medicine

Privacy Policy

This notice describes how your medical and personal information may be used and disclosed by Generations Pediatrics & Internal Medicine and how you can get access to this information. Please read this notice carefully and contact us with any questions.

Under the Health Insurance Portability and Accountability Act (HIPAA), Generations Pediatrics & Internal Medicine and other healthcare providers are required by federal law to maintain privacy of your protected health information (PHI) and will abide by the terms in the Privacy Notice. Please be advised that Generations Pediatrics & Internal Medicine may use your PHI in rendering treatment. For example, we are permitted to use your PHI in providing you with medical treatment when you visit our office or when we treat you in a hospital. 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, your employer, Medicare, Medicaid, or other parties responsible for providing you with health insurance coverage in order for Generations Pediatrics & Internal Medicine to be reimbursed for services rendered to you. We will also use or disclose your PHI for healthcare operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews which are part of our healthcare operations. We may also disclose PHI when required by the Secretary of the US Department of Health and Human Services. Unless disclosure is required under federal or state law or certain other exceptions including law-enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may disclose PHI in accordance with the specific requirements of the HIPAA rules without Generations Pediatrics & Internal Medicine needing to obtain your authorization if the information is:

- required by law
- require for public health purposes
- required disclosures about victims of abuse neglect or domestic violence
- required by health oversight agency for oversight activities authorized by law
- required in the course of any judicial administrative proceedings
- required for a law-enforcement purpose to our law-enforcement official
- required by a coroner or medical examiner
- required by an organ procurement organization for research
- necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public
- additionally, if you are a member of the armed services, Generations Pediatrics & Internal Medicine is permitted to disclose PHI without consent if deemed necessary by appropriate military command authorities to ensure an appropriate military mission.

We may also contact you via mail, phone, or text to remind you of appointments with our office or discuss treatment alternatives. If for any reason you do not wish to be contacted via mail, phone, or text, our office personnel will note your request in your chart. In the event the practice wishes to disclose PHI to another entity besides those referenced to above, we are required to obtain your authorization. We would seek to obtain your authorization if Generations Pediatrics & Internal Medicine decided to release your PHI for reasons other than treatment, payment, or for our practice operations. For example, if you desire to release your PHI to participate in an outside research or a drug study we will 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 Generations Pediatrics & Internal Medicine 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. Please be advised that you have the ability to access, obtain a copy, inspect, and request amendment to your medical information that we maintain. Additionally, if you desire, Generations Pediatrics & Internal Medicine can provide you with a record of all disclosures for treatment, payment, or healthcare operations pursuant to authorization. If you have a dispute with our practice regarding the use of your PHI or disclosure by Generations Pediatrics & Internal Medicine, and believe that your privacy rights have been violated please contact Generations Pediatrics & Internal Medicine to file a complaint or you may contact the Secretary of Health and Human Services. We welcome feedback for patients through our website "contact us form," via email at frontdesk@generationsmed.com or via patient portal. Please understand that Generations Pediatrics & Internal Medicine will not retaliate against you in any way for filing a complaint. Lastly please be advised that you have the right to designate a personal representative or request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment, healthcare operations, or disclosures by Generations Pediatrics & Internal Medicine of PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your request, designation, or restriction. If you request a copy of your PHI you also have the ability to request that we send it to an alternative location or different address or by alternative means. Additionally, if you have received this notice in an electronic form and you would like a paper copy, please contact Generations Pediatrics & Internal Medicine. Generations Pediatrics & Internal Medicine reserves the right to amend this notice. Notices will be posted at www.generationsmed.com, in our office, and provided to you upon your request.

Thank you for the opportunity to serve your healthcare needs, and if you have any questions please contact Generations Pediatrics & Internal Medicine at 843-405-1110.