

**GETZWELL PEDIATRICS,  
A Medical Corporation**

**Notice of Privacy Practices**  
Effective April 1, 2015

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Introduction:** At GetzWell Pediatrics, a medical corporation, we are committed to treating and using protected health information (“PHI”) about you responsibly and in the manner required by law. 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. You have the right to receive a copy of this Notice upon request. This Notice is effective as of April 1, 2015 and supersedes all prior versions. Note: For the purpose of this Notice, “you” or “your” refers to the patient and, as applicable, to the parent or guardian of all patients that are minors.

**Understanding Your Protected Health Information:** We are permitted by applicable federal and state privacy laws to use and disclose your PHI for treatment, payment and health care operations and for other purposes that are permitted by law. PHI is the information we receive from you, create and obtain in providing our services to you. Such information may include information and images sent by you electronically, including by email or text message, or other means of documenting your symptoms, examination, test results, diagnoses, vaccinations, treatment, or requesting treatment and applying for future care or treatment as well as documents related to billing for these services. This Notice also describes your rights to access and control your PHI.

**Changes to this Notice:** We may change, amend or eliminate provisions related to our privacy practices and make any new provisions effective for all PHI we maintain, at any time. This Notice covers all PHI that we maintain at the time of effectiveness, and until an amendment is made, we are required by law to comply with this Notice. Upon your request, we will provide you with any revised Notice. After an amendment is made, the revised Notice will apply to all protected health information that we maintain, regardless of when it was created or received. You may call our office during business hours to request that a revised copy be sent to you in the mail or you may ask for one when you next visit our office. A copy of this Notice will also be posted on our website.

**How We Use and Disclose Medical Information about You:** The categories set forth below describe the different ways that we may use and disclose your PHI and include a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your PHI that are not listed or described below will be made only with your written authorization or in the manner permitted by law. You may revoke your prior authorizations, at any time, in writing, but it will not apply to any actions we have already taken.

**For your treatment:** Your PHI may be used by us for the purpose of providing health care services to you and such information may be disclosed to the health care professionals and staff within our office. We may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, your PHI may be provided to a physician or other licensed professional to whom you have been referred by us or are otherwise seeing. If a lab or other similar test is required outside our office, a laboratory technician will also have access to some of your PHI. By transmitting information or images to our staff electronically, including by email or text message, whether or not a response is expressly requested, your PHI may be used by us to respond to your electronic communication and we may maintain copies of that electronic communication and our response, if any, in our electronic medical record system.

**To obtain payment for our services:** Your PHI may be used and disclosed by us to obtain payment for health care services, to assist you in obtaining payment from your insurance company for services we provide to you or to assist another health care provider in obtaining payment for their health care services to you. We may also disclose your PHI as required by your health insurance plan before it approves health care services or reimburses you for services and this may include information that identifies you.

**For our health care operations:** Your PHI may be used and disclosed by us to support our daily operations. Our staff will enter your information into our electronic medical record system and respond to your emails or text messages, as appropriate. We may obtain services from our business associates for quality assessment, technical support, outcome evaluation, protocol and development of clinical guidelines to assess the care and outcomes in your case and others like it. This information may also then be used by us in an effort to continually improve our services. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.

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**To our business associates:** We will share your PHI with third party “business associates” that perform various activities for us (e.g., bookkeeping or information technology services) related to our operations. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written agreement in place that contains terms that obligate the business associate and their subcontractors, where applicable, to protect the privacy and security of your PHI. For example, we utilize an information technology consultant to maintain and upgrade the systems and technology we use to provide services to you. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan, health care clearinghouse or one of their business associates, California law prohibits all recipients of health care information from disclosing it except as specifically required or permitted by law.

**For appointment reminders, lab result notifications and referrals:** We may use or disclose your PHI to contact you to remind you of your appointment, by mail, text or telephone or to leave information about a referral. Our message may include the name of our practice or the name of our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled. We may use or disclose your PHI to contact you regarding lab tests or other similar test results, by mail, telephone, fax, email or text or to make a referral.

**Others involved in your health care:** Unless you object, we may disclose to a member of your family, a relative, a close friend designated by you or any other person you identify, PHI that directly relates to the involvement of such other person in your health care, your location or general condition. We may also disclose such information if we determine that it is required to prevent a serious threat to health or safety. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose information in a disaster even over your objection if we believe it is necessary to respond in emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Proof of Immunization:** We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student if you have agreed to the disclosure.

**Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your PHI in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about our patients 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 objections have been resolved by a court or administrative order.

**As required by law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. We may also disclose your PHI to a public health authority authorized by law to receive reports of child abuse or neglect.

**California Information Registry and public health agencies:** We may disclose your PHI for public health activities and purposes to a local health department, the California Department of Public Health and similar public health agencies to the extent they are permitted by law to collect or receive such information including the California Immunization Registry (CAIR) pursuant to the California Health and Safety Code (“H & SC”). CAIR allows doctors, nurses, health plans and authorized public health agencies to see which shots may be needed, remind you about needed shots and helps with record keeping and safety. In connection with CAIR, as a matter of policy, we will not allow your immunization record to be shared with other health care providers, agencies or schools in the CAIR, unless you request an information sharing format. Information is recorded in a secure electronic exchange of immunization records. If you have requested information sharing, schools, child care and certain other agencies are authorized to have limited access as provided in the H & SC. All parties that have access to CAIR are required by law to protect the confidentiality of the information in the registry. This information includes patient’s name, sex, and birth place; parents’ or guardians’ names; limited information to identify parents; and details about a patient’s shots. We will not input your current address and phone number in the registry. Only your doctor’s office, health plan, or public health department may obtain your address and phone number. It is your legal right to ask: (i) not to share your (or your child’s) registry shot records with others besides your doctor, (ii) not to receive shot appointment reminders from your doctor’s office, (iii) to look at a copy of your or your child’s shot records, and (iv) who has seen the records or to request that your doctor correct any mistakes. If you want us to share your immunization information in the registry, please request a “Decline or Start Sharing/Information Request Form” or call us at (415) 826-1701. CAIR’s address is California Dept. of Public Health, Immunization Branch, 850 Marina Bay Parkway, Building P, Richmond, CA 94804, and website is [cairweb.org](http://cairweb.org).

**Change of Ownership:** In the event that this medical practice is sold or merged with another organization, our patients’ health information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

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**Breach Notification:** In the case of a breach of unsecured protected health information, we will notify our patients as required by law. If you have provided us with a current email address, we may use email to communication to provide information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate. We are not responsible, under any circumstances, for the security of information or images sent by you via electronic means, including by text message or email, or information or images sent by us electronically in response to your text message or email.

**Your Health Information Rights:** You have the right to inspect or receive a copy of your PHI maintained by us or to request that we transfer it to another practice and to receive confidential communications from us related to your PHI. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect or get a copy of it, and if you want a copy, whether you want an electronic or hardcopy format. We may charge a reasonable fee for this service. Under applicable federal and state law, you may not inspect or copy certain records including psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to laws that prohibits access to medical information in certain other circumstances. In some circumstances, we have the right to deny your request to see certain information; however, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your PHI.

**Restriction of PHI:** You have the right to request a restriction of your PHI. You also have the right to know the uses and disclosures of your PHI. You may also request that any part of your medical information not be disclosed to family members or friends who may be involved in your care. Requests for restrictions or to know how we have used and disclosed your PHI must be in writing and include enough information to allow us to reasonably respond to your request.

We are not required to agree to your request under all circumstances. For example, if we believe the information is necessary for your treatment or payment or our health care operations, we can deny your request. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is mandated by law, needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician, who may discuss your request with our Privacy Officer.

**Incomplete or Inaccurate Information:** You have the right to request that we amend your PHI to correct incomplete or incorrect information. You must make a request to correct or amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We will accommodate reasonable requests, but we may condition this accommodation by asking you to confirm certain requests in writing or to provide other information necessary to honor your request. We are not required to change your health information, and if we deny your request, we will provide you with information about our 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 (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate or complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or inaccurate.

**Confidential Communications:** You have the right to request that you receive your 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 wish to receive these communications.

**Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your health information made by us, except that we do not have to account for certain types of disclosures permitted by law, including disclosures provided to you or pursuant to your written authorization.

**Paper Copy of this Notice:** You may obtain a paper copy of this Notice upon request to our Privacy Officer or the next time you are in the office.

**Complaints or questions:** If you have complaints or questions and would like additional information, please contact us directly at the following address or phone number: Privacy Officer, GetzWell Pediatrics, 1701 Church Street, San Francisco, CA 94131 or call 415.826.1701. We will make every reasonable effort to address your concerns. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington DC 20201. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Parent/Guardian Signature \_\_\_\_\_

Please sign here to indicate you have read and accept the terms of the privacy policy. If patient is a minor, at least one parent and/or authorized legal guardian must sign.