

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

EFFECTIVE DATE: OCTOBER 1, 2014

Bayless Healthcare Group/Rainbow Pediatrics (BHG) understands the importance of privacy and we are committed to maintaining the confidentiality of your medical and behavioral information. We make a record of the medical and behavioral health 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 and behavioral health care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this healthcare organization properly. We are required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of our legal duties, obligations, and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. This Notice describes how we may use and disclose your medical and behavioral health information. It also describes your rights and our legal obligations with respect to your medical and behavioral health information.

A. OUR USES AND DISCLOSURES

How do we typically use or share your health information?

Bayless Healthcare Group/Rainbow Pediatrics (BHG) collects health information about you and stores it in an Electronic Health Record (EHR). This is your medical record. The medical record is the property of Bayless Healthcare Group/Rainbow Pediatrics, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes and the categories below describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your protected health information will fall within one of the categories.

Treatment. We use health information about you to provide your medical and behavioral health care. We disclose medical and/or behavioral health information to our employees and others who are involved in providing the care you need. For example, we may share your medical and/or behavioral health information with other physicians or other health care providers who are treating you or who will provide services that we do not provide.

Payment. We use and disclose medical and/or behavioral health information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations. We may use and disclose medical and/or behavioral health information about you to operate this healthcare organization. For example, we may use and disclose this information to review and improve the quality of care we provide or the competence and qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical and/or behavioral health care reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other healthcare providers, healthcare clearinghouses, or health plans that have a relationship with you, when they request this information to help them with their health care operations.

Business Associates. There may be some services provided by our business associates, such as a billing service, a legal firm, or an accounting consultant. We may disclose your protected health information to our business associates so that they can perform the job we have asked them to do. To protect your information, we require each of our business associates to enter into a written contract and/or an agreement with us that contains terms requiring them and their subcontractors to appropriately protect the confidentiality and security of your protected health information.

Appointment Reminders. We may use and disclose medical and/or behavioral health information about you to contact and remind you of an upcoming appointment. 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.

Sign In Sheet. We may use and disclose medical and/or behavioral health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. 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 this information in a disaster even over your objection if we believe it is necessary to respond to the 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.

Research. We may disclose your health information to researchers for the purpose of conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board or in compliance or as directed by Federal or State law.

Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want our organization to release this information about you for fundraising efforts or if you don't want to receive fundraising materials, notify the Privacy Officer listed at the end of this Notice of Privacy Practices. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

As Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Safety. We may, and are sometimes required by law, to disclose your 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. Any disclosure, however, would only be to help prevent the threat.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

We may use or share your health information in special situations such as:

Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody. If you are a member of the armed forces, we may release protected health information about you as required by military command authorities and applicable law. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. This program provides benefits for work-related injuries or illness. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting births or deaths; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (FDA) problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Proof of Immunization. We may disclose immunization records to a school about a child who is a student or prospective student of the school, as required by state or other law, if authorized by the parent/guardian, emancipated minor or other individual as applicable.

Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information 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 you 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.

Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as reporting a crime and/or identifying or locating a victim or the suspected victim of a crime; identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order, warrant, subpoena, summons or other similar process; reporting about a death we believe may be the result of criminal conduct and about criminal conduct at any of our facilities; and may disclose information for other law enforcement purposes. We are required by law to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. If you are under the custody of a law enforcement official we may release protected health information about you to the law enforcement official. This release would be necessary for the organization to provide you with health care and/or to protect your health and safety or the health and safety of others.

Change of Ownership. In the event that this healthcare organization is sold or merged with another organization, your health information and medical record 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.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical and/or behavioral health information about patients of the organization to funeral directors as necessary to carry out their duties.

Special restrictions may apply about how we use or share your health information such as:

For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.

Behavioral Health Information: Certain behavioral health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

Substance Abuse Treatment Information: If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program or disclose any information identifying you as an individual being treated for drug or alcohol abuse, unless:

1. You consent in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

HIV-Related Information: We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of the organization, another person, or a known partner (if certain conditions are met).

Minors: We will comply with State law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence and you have not requested that another person be treated as a personal representative; you may have the authority to consent to the use and disclosure of your health information.

Special situations that require your prior authorization about how we use or share your health information include:

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of the U.S. Department of Health and Human Services (HHS) or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Marketing. We will not otherwise use or disclose your medical and/or behavioral health information for marketing purposes or accept any payment for other marketing communications without your prior written authorization except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by the organization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this organization and tell you which health plans this healthcare organization participates in.

Sale of Protected Health Information. Except when permitted by law, we will not sell your protected health information unless we receive a signed authorization from you.

When this healthcare organization may not use or disclose your health information.

Except as described in this Notice of Privacy Practices, Bayless Healthcare Group/Rainbow Pediatrics will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization unless otherwise permitted by Federal or State law. Other uses and disclosures of your protected health information that are not described in this Notice will be made only with your signed authorization. If you do authorize Bayless Healthcare Group/Rainbow Pediatrics to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

B. YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Right to Request Special Privacy Protections. You have the right to request a restriction or limit the health information we disclose about you to a person who is involved in your care or the payment for your care, like a family member or friend. You also have the right to request a restriction or limitation on health information we use or disclose about you for treatment, payment, or healthcare operations by providing 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. We are not required to accept or agree with any of these types of requests; however, if we do agree, we will comply with your request unless the disclosure is needed to provide you emergency treatment. You may restrict the disclosure of your protected health information to a health plan (other than Medicaid [AHCCCS] or other federal health care program that requires the organization to submit information) and the organization must agree to your request (unless we are prohibited by law from doing so), **if** the restriction on disclosure is for purposes of payment or other health care operations (but not treatment) **and** if you paid out of pocket, in full, for the item or service to which restriction on disclosing the protected health information pertains. If those two conditions are not met, we are not required to agree to your requested restriction. To request a restriction of disclosure to a health plan, you must make your restriction request known at the time of service and provide us with your written request. Either you or the organization may terminate any restriction on the disclosure of your protected health information by notifying the other party in writing of the termination. The termination of the restriction will apply only to use and/or disclosure of protected health information after the termination date. We reserve the right to accept or reject any other requests and will notify you of our decision. We are also not required to notify other healthcare providers of these types of restrictions, this is your responsibility.

Right to Request 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 contact or communicate with you only by mail, or send information to a specific e-mail address, or to your work address. To request confidential communications, you must make your request known at the time of registration or by calling our organization and provide your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests submitted in writing which specify how or where you wish to be contacted.

Right to Inspect and Copy. You have the right to inspect and copy your health information or medical record, with limited exceptions. To access your medical and/or behavioral health information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it; and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we cannot agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request; and if requested and agreed to in advance the cost of preparing an explanation or summary. We will respond within 30 days of receiving your written request. We may deny your request to inspect and copy in certain very limited circumstances and we will provide you the reason for the denial. In certain circumstances, if you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Right to Amend or Supplement. You have a right to request that we amend, correct, or update your 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 is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this organization'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 (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 and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures. You have a right to receive an accounting or a list of disclosures of your health information made by this organization. This list does not include the disclosures provided to you or pursuant to your written authorization; or disclosures for the purposes of treatment, payment, health care operations; or disclosures for certain other exceptions. To request this list of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of costs involved and you may alter your request before any costs are incurred. Please note that at times, companies we work with (called "business associates") may have access to your protected health information. When you request an accounting of disclosures from the organization, we may provide you with the accounting of disclosures or the names and contact information of our business associates, so that you may then contact them directly for an accounting of disclosures.

Effective January 1, 2014, where required by law, when you request a list of disclosures of protected health information that is maintained in an electronic health record, the accounting will be for three years prior to the date of the request, and will include disclosures made for purposes of treatment, payment and health care operations in addition to those disclosures listed in our policy regarding accounting of disclosures.

Right to a Copy of this Notice. You have a right to a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.baylesshealthcare.com. You may obtain a paper copy of this Notice at any location where you receive care. We will ask that you acknowledge receipt of this Notice in writing. 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, contact our Privacy Officer listed in Section D of this Notice of Privacy Practices.

C. 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 the terms of this Notice currently in effect. After an amendment is made, the changed or revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We post copies of the current Notice in all Bayless Healthcare Group/Rainbow Pediatrics locations where you may receive care and we post a copy of the current Notice on our website, www.baylesshealthcare.com. The effective date of the Notice is contained on the first page.

D. Questions about this Notice

You may refer questions about this Notice to your health care provider. Remaining questions may be referred to the Bayless Healthcare Group/Rainbow Pediatrics' Privacy Officer.

E. Complaints

You will not be penalized in any way for filing a complaint and we will not retaliate against you for filing a complaint. Complaints about this Notice of Privacy Practices or how this organization handles your health information should be directed to our Privacy Officer. Any requests, questions, concerns, and complaints about HIPAA Privacy matters must be made in writing and mailed to the following address:

Bayless Healthcare Group/Rainbow Pediatrics
Attention: Privacy Officer
3620 N. 3rd Street
Phoenix, AZ 85012

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem. Send written complaints to:

Region IX, Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
90 7th Street Federal Building, Suite 5-100
San Francisco, CA 94103

Toll Free: (877) 696-6775
Email: OCRComplaint@hhs.gov

You may submit an electronic complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) via their web portal or via email, which can be found on their website.