

# Mill Brook Pediatrics

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490 Boston Post Road  
Suite 2002  
Sudbury, Massachusetts 01776  
(P)978-443-0707  
(F)978-440-9389

## **About your privacy**

This pamphlet describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

## **Our Privacy Obligations to You**

Protecting your medical information is an important priority for Mill Brook Pediatrics, P.C. This Notice explains what information we collect, with whom we share it, and how you can direct us not to share information with certain parties. We are required by law to:

- Maintain the privacy of your health and medical information
- Give you this Notice of our legal duties and privacy practices
- Follow the terms of this Notice that is currently in effect.

## **What this Privacy Notice Covers**

This notice describes the privacy practices of Mill Brook Pediatrics, P.C. and Emerson Office acting as an organized health care arrangement (OHCA)

## **Information Collection and Use**

The following categories describe different ways that we use and disclose medical information about you. Please note that not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

## **For Treatment**

We may use medical information about you to provide you with treatment and other services. With your consent, we may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at the Office or who are involved in taking care of you for follow-up treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the Office also may share information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

**For Payment**

We may use and, with your consent, disclose medical information about you so that the treatment and services you receive at the office may be billed to and payment be collected from you, and insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at the Office so your health plan will pay us or reimburse you for the cost of your treatment.

**For Health Care Operations**

We may use and, with your consent, disclose medical information about you for Office operations. These used and disclosures are necessary to run the Office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Appointment Reminders**

We may use and disclose your medical information to contact you about appointments for treatment or for medical care at the Office.

**Individuals Involved in Your Care or Payment for Your Care**

Unless you object, we may share your medical information with a friend or family member who is involved in your medical care. If you are incapacitated or in an emergency circumstance, we may use our professional judgment to determine whether a disclosure is in your best interest. We may also give information to someone who helps pay for your care.

**Public Health Risks**

We may disclose your medical information for certain public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse and neglect, elder abuse and disabled person abuse.
- To report information about products and services under the jurisdiction of the U.S.

Food and

Drug Administration.

- To report abortions to state government agencies as required by law.

**Health Oversight Activities**

Your medical information may be shared with a health oversight agency for activities authorized by law: for example audits, investigations, inspections, and licensing.

**Law Enforcement**

We may disclose your medical information in response to a court order, subpoena, or other lawful process.

**Coroners, Medical Examiners**

We may release your medical information to a coroner or medical examiner as authorized by law.

**Health or Safety**

We may use or disclose your medical information to prevent or lessen a serious danger to you or to others. In addition, we may disclose your medical information to an entity assisting in disaster relief effort.

**As required by law**

We may use and disclose your medical information when required to do so by federal, state or local law.

**Marketing**

We may use your medical information to provide you with marketing materials in a face-to-face encounter. We are also permitted to use your medical information to give you a promotional gift of nominal value and to communicate with you about products or services relating to your treatment, care management or coordination, or alternative treatments, therapies, providers or care settings. In addition, we may use your medical information to identify Emerson Hospital health-related services and products that may be beneficial to your health and then contact you about the services and products.

**Authorization**

If we want to use or disclose your medical information for any purpose not listed in this Notice, we may do so if you give us your written authorization.

**Highly Confidential Information**

Federal and state law require special privacy protections for certain highly confidential information including:

- HIV/AIDS status.
- Confidential communications with a psychotherapist or other mental health professional.
- Genetic testing information.
- Substance abuse treatment.
- Venereal disease information.
- Treatment or diagnosis of emancipated minors.
- Mental health community program records.
- Research involving controlled substances.
- Abortion consent.
- Family planning services.
- Mammography records.

In order for us to disclose your Highly Confidential Information for any purpose, we must obtain your separate, specific written consent (or authorization) unless we are otherwise permitted by law to make such disclosure.

In addition, if you are an emancipated minor, certain information relating to your treatment or diagnosis may be considered Highly Confidential Information, and as a result will not be disclosed to your parent or guardian without your consent (or authorization). Your consent is not required if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition and inform you of any such notification.

### **Your Rights Regarding Your Personal Health Information**

You have the following rights regarding medical information we maintain about you.

#### **Right to Inspect and Copy**

You may request access to your medical information and your billing records. To inspect and copy billing records or medical information that may be used to make decisions about you, you must submit your request 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. We may deny your request to inspect and copy in certain very limited circumstances.

#### **Right to Amend**

If you feel that your medical information is incorrect or incomplete, you may submit a written request for an amendment.

#### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of certain types of disclosures we made of your medical information. 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 and may not include dates before April 14, 2003. Requests made more than once during a 12 month period will incur a copying charge.

#### **Right to Request Restrictions**

You may request restrictions on our use and disclosure of your medical information. While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions. If you wish to request additional restrictions, please submit a written request.

#### **Right to Revoke Your Authorization**

You may revoke any written authorizations you have signed with a written request. We are unable to take back any disclosures that were made before your revoked authorization.

#### **Right to Receive Paper Copy of this Notice**

Upon request, you may obtain a paper copy of this Privacy Notice.

### **Right to be notified of a Breach**

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured Protected Health Information (PHI). Notice of any such breach will be made in accordance with federal requirements.

### **Changes to this Privacy Notice**

The office may change the terms of this Notice at any time. If we change this Notice, we may take the new Notice terms effective for all medical information that we maintain, including any information created or received prior to issuing the new Notice. Changes to this Notice will be posted at Mill Brook Pediatrics. You also may obtain any new Notice by contacting Mill Brook Pediatrics.

### **Questions and Complaints**

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer. Please submit all requests in writing to Privacy Officer c/o Mill Brook Pediatrics 490 Boston Post Road, Sudbury, MA 01776. You may also file written complaints with the Director Office for Civil Rights of the U.S. Department of Health and Human Services. JFK Federal Building-Room 1875, Boston, MA 02203. Voice phone 617.565.1340, or email [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). We will take no retaliatory actions against you if you file a complaint about our privacy practices.

Mill Brook Pediatrics, P.C. and its related entities, are acting as an organized health care arrangement (OHCA). The following entities are included in the OHCA: Mill Brook Pediatrics, P.C., and the following:

- Any health care professional providing services to you in the Office's or Emerson Hospital clinically integrated care setting, regardless of whether specific services are provided by the Office's employees or by independent members of Mill Brook Pediatrics or Emerson's Medical Staff.
- Any member of a volunteer group we allow to help you while you are in Mill Brook Pediatrics or Emerson Hospital.
- All employees, staff and other Mill Brook Pediatrics or Emerson Hospital's personnel.

This Privacy Notice is Effective as of April 14, 2003