



**107 JAVIT COURT  
YOUNGSTOWN, OH 44515**  
(330) 797-0407 FAX: (330) 793-1431

## **NOTICE OF PRIVACY PRACTICES** **FOR AUSTINTOWN PEDIATRICS INC.**

**Dr. Carrie Campanelli, D.O.  
Emily Vasilchek, C.P.N.P.  
Beth Stouffer, C.P.N.P.**

The federal guidelines that further protect the privacy of your medical information are part of the comprehensive [Health Insurance Portability and Accountability Act, or HIPAA](#). These rules give you more control over, and knowledge about who is using your medical information and for what purpose. If you have any questions about this notice, please contact our Privacy Contact, Keith Campanelli.

We understand that medical information about your children and their health is personal. We are committed to protecting their medical information. We create a record of the care and services they receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your children's records.

### **Will I receive a copy of my patient privacy rights?**

You will receive, in person, this copy of our privacy notice. It describes how medical information about you or your child may be used, and how you may gain access to this information. During registration, you will be asked to sign acknowledgment that states you have received this privacy notice.

### **When may we use and share your health information?**

We may use health information about you or your child without your written permission for the limited purposes of:

- Treatment- This involves providing, managing and coordinating care to meet your needs. It may also involve sharing information with other providers, such as your own doctor or caregivers at other institutions.
- Payment- We share your health information with your insurance company as needed to bill for your care.
- Healthcare operations at 107 Javit Court, Youngstown, Ohio 44515. We use medical information to assess and improve quality of care and train our staff. We can also:
  - o Send announcements or call you about appointment reminders
  - o Contact you about patient care issues and treatment choices
  - o Tell you about services that may benefit and/or interest you

**When else may we share your health information outside Austintown Pediatrics Inc. without your written authorization?**

- To allow business associates to assist us with treatment, payment or healthcare operations
- To prevent or control disease, such as reporting infectious diseases to boards of health
- To communicate with law enforcement officers in certain situations (abuse, neglect, domestic violence, criminal activity)
- Unless you tell us otherwise, to communicate with family involved in your child's care
- When necessary, to comply with a subpoena, court order or other legal requirement
- In case of an emergency
- In case of a communication barrier
- To the Food and Drug Administration
- Coroners and/or Funeral Directors in regards to identification or autopsies
- Military Activity and National Security

**When must we obtain your written authorization to use and share your health information?**

We need your written authorization to share your health information concerning certain types of care, such as:

- Treatments for sexually transmitted diseases
- HIV testing and/or test results
- Genetic testing and/or test results
- Substance abuse rehabilitation
- In general, sensitive information such as sexual assault, counseling records or communication between you and a mental health provider

**What are my patient rights?**

You have the right to:

- Inspect and receive copies of your medical information, based on office policies and procedures, including charges for these records.
- Request, in writing, changes to your health information. Your request will be reviewed and based on office policy and procedure, however the office has the right to deny the request. A written statement can be provided regarding the decision per your request.
- Request, in writing, that we limit how we use or share health information about you or your child. However, we may not be able to comply with all requests.
- Withdraw, in writing, any authority you have given to share your information. However, we won't be able to take back information we have previously given out.
- Requesting, in writing, to receive a record of times when we have shared your health information without your written permission except when related to treatment, payment or healthcare options.

**What are Austintown Pediatrics' responsibilities?**

The law requires us to:

- Maintain the privacy of health information about you or your child
- Provide the privacy notice of our duties, your rights and our privacy practices
- Follow the terms of our notice
- Notify you if we cannot continue honoring your request