

***Rainbow Pediatrics***  
475 Sumner Avenue  
Springfield, MA 01108

## **Notice of Privacy Practice**

This notice describes how medical information about you and your child (as our patient) may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by the law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Use and Disclosure of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician's practice and other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician becomes, involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Healthcare Operations:** We may also use or disclose, as needed your protected health information in order to support the business activities of your physician's practice. These activities include but are not limited to quality assessment activities, employees' review activities, medical student training, licensing, marketing and fundraiser activities, and conducting and arranging for business activities. For example we may disclose your protected health information to medical students who see patients at our office. We may also use sign-in sheets at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also use or disclose your protected health information as necessary to contact you to remind you of your appointment.

We may also use your protected health information in certain situations without your authority. These situations include but are not limited to public health issues as required by law, communicable disease notification, health oversight, abuse or neglect, food donation research, criminal activities, military activities and national security, workman's compensation issues and when required by the secretary of Department of health and human services to investigate or determine our compliance with requirement of section 164.500 et seq,

Other uses and disclosure of your protected health information will be made only with written authorization unless otherwise permitted or required by law as described above. You may revoke this authorization at any time in writing except to the extent that your physician or physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.