



## NOTICE OF PRIVACY PRACTICES

LEGACY PEDIATRICS, LLC

This NOTICE OF PRIVACY PRACTICES describes how medical information about you may be used and disclosed and how you can access this information. This medical practice collects health information and stores it in a chart in an electronic health/personal health record. The medical record is the property of the practice, but the information in the medical record belongs to you. Please review this notice carefully. If you have questions about this Notice, please contact our Privacy Contact, our Practice Administrator. Throughout this document, “you” means yourself or a minor child for whom you are legally responsible.

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 permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” (PHI) is information about you (or your child), 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.

WE ARE REQUIRED TO ABIDE BY THE TERMS OF THIS NOTICE OF PRIVACY PRACTICES. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment. You may also visit our website to review and print a copy.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN CONSENT. You will be asked by your physician or Legacy staff to sign a consent form. By signing the consent, you have agreed to Legacy’s use and disclosure of your PHI for treatment, payment, and healthcare operations. We may use or disclose your PHI as outlined in this disclosure. Your PHI may be used and disclosed by your physician, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you.

Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician’s practice. Following are examples of the types of uses and disclosures of your PHI that the physician’s office is permitted to make once you have signed our consent form or as permitted or required by law. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other healthcare providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose medical information to family or others who can help you when you are sick, injured, or after you pass.

Payment: Your PHI will be used by Legacy Pediatrics, as needed, to obtain payment for your health care 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. We may also disclose information to other healthcare providers to assist them in obtaining payment for services they have provided to you.

Healthcare Operations: We may use or disclose, as needed, your PHI to support the medical activities of your physician’s practice. These activities include, but are not limited to:

Quality assessment activities; employee review activities; training of medical students, resident physicians, student nurses, and student nurse practitioners or physician assistants; licensing; marketing and fundraising activities; and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students who see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you may 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 use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may leave this information on your answering machine or in a message left with the person answering the phone. We may also leave an

appointment reminder in an e-mail or text to you. 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.

We may share your PHI with third party "business associates" who perform various activities (e.g., billing, transcription) for the practice. Whenever an arrangement between Legacy Pediatrics and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that require them and their subcontractors to protect the confidentiality and security of your PHI.

Legacy Pediatrics may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. We may also share medical information about you with the other health care providers, health care clearinghouses, and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. You may contact our Privacy Officer to request these materials not be sent to you.

Proof of immunization and Other School Related Information. We will disclose proof of immunization and other related documentation, such as a physical, to a school that is required to have such information before admitting a student where you have agreed to the disclosure on behalf of yourself or dependent.

Marketing: 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 practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you.

Sale of Health Information. We will not sell your health information.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your 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 allow you to object before 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.

Communication barriers: We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Legacy Pediatrics may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:**

Required by Law. Legacy Pediatric 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. When the law requires us to report abuse, neglect, or domestic violence or respond to judicial or administrative proceedings or law enforcement officials, we will further comply with the requirement as set forth below concerning these activities. As required by law, you will be notified of any such disclosures unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or require informing a personal representative we believe is responsible for the abuse or harm.

Public Health. We may, and are sometimes required by law, to disclose your PHI to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public. The disclosure will be made to control disease, injury, and disability, report abuse or neglect, report domestic violence, and report disease or infection exposure. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect. Legacy Pediatric may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirement of applicable federal and state laws.

Food and Drug Administration. We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological product deviations, track products; enable product recalls, make repairs or replacements, or conduct post-marketing surveillance as required.

Judicial and Administrative Proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) information requests for purposes such as identifying and locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes (3) about victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) if a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, to permit the funeral director to carry out their duties. Legacy Pediatric may disclose such information in the reasonable anticipation of death. PHI may be used for cadaver organ, eye, or tissue donation purposes.

Research. Legacy Pediatric may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers who have you in custody.

Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Inmates. We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care for you.

Change of ownership. In the event this medical practice is sold or merged with another organization, your health information/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.

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.

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 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 authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

### **When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information that identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **Your Health Information Rights**

Following is a statement of your rights with respect to your Protected Health Information (PHI) and a brief description of how you may exercise these rights.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy your health information, with limited exceptions. To access your medical 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 can't 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. We will charge a reasonable fee that covers our costs for labor, supplies, postage, and if requested and agreed to in advance the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

**Your Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by 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. If you tell us not to disclose information to your commercial health plan concerning healthcare items or services for which you paid in full out-of-pocket, we will abide by your request unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision. You may request a restriction by contacting our Practice Administrator or Privacy Contact.

**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. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. We may also condition this accommodation by asking you for information as to how payment will be handled. Please make this request in writing to our Privacy Contact.

**Your Right to Amend or Supplement.** You have a right to request that we amend 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 medical practice'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. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization or as described within this Notice of Privacy Practice's following paragraphs: treatment, payment, health care operations, notification and communication with family, and specialized government functions. Additionally, we do not have to account for disclosures for purposes of research or public health that exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

**Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. 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 within this Notice of Privacy Practices.

### **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 revised Notice of Privacy protections will apply to all protected health information that we maintain, regardless of when it was created or received. A copy will be available at each appointment, and we will post the current notice on our website.

### **Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed below. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the *Office for Civil Rights, U.S. DHHS 26 Federal Plaza – Suite 372, New York, NY 10278*. The complaint form may be found at: [Health Information Privacy Complaint Form](#) You will not be penalized in any way for filing a complaint.

For further information about the complaint process, contact our Privacy Officer, who is also our Practice Administrator:

LEGACY PEDIATRICS  
Attention: Privacy Officer  
1815 S. Clinton Ave, Suite 360 Rochester, NY 14618  
Effective: October 30, 2024