



NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2027

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

Our Commitment to Your Privacy

I understand that your child's health information is personal and sensitive. I am committed to protecting it and am required by federal law (the Health Insurance Portability and Accountability Act, or "HIPAA") to:

- Keep your child's protected health information (PHI) private and secure
- Give you this notice explaining my legal duties and privacy practices
- Follow the terms of this notice
- Notify you if your child's information is ever compromised in a breach

This notice applies to all medical records and health information I create, receive, or maintain about your child.

What is Protected Health Information (PHI)?

Protected health information includes any information I create or receive about your child that relates to:

- Your child's past, present, or future physical or mental health
- Healthcare services I provide to your child
- Payment for healthcare services (though in DPC, this is minimal)

Examples of PHI:

- Medical history and exam findings
- Diagnoses and treatment plans
- Immunization records
- Growth charts and developmental assessments
- Lab results and imaging reports
- Clinical notes and visit summaries
- Billing records (membership information)

How I May Use and Disclose Your Child's Health Information

Uses That Do NOT Require Your Permission

Federal law allows me to use and disclose your child's health information for certain purposes without your written authorization:

1. For Treatment

I may use and disclose your child's PHI to provide medical care and coordinate services.

Examples:

- Documenting care in your child's medical record
- Discussing your child's condition with you
- Consulting with specialists about your child's care
- Sending medical records to a specialist I'm referring you to
- Sharing immunization records with your child's school (as required or requested by you)
- Coordinating with other healthcare providers involved in your child's care

2. For Payment

Although I don't bill insurance, I may use PHI for payment-related activities.

Examples:

- Processing your membership payments
- Billing for additional services (house calls, ear piercing, circumcision)
- Responding to payment disputes
- Collection activities if payments are delinquent

Important: Because this is a direct primary care practice, I do NOT share your child's information with insurance companies for billing purposes. However, if you request a statement or medical records to submit to your insurance for reimbursement, I may provide those to you.

3. For Healthcare Operations

I may use PHI to run my practice and ensure quality care.

Examples:

- Quality improvement activities
- Training staff or students (with identifiable information removed when possible)
- Reviewing care to improve outcomes
- Business planning and development
- Conducting or arranging for medical reviews, audits, or legal services

4. As Required By Law

I must disclose PHI when required by federal, state, or local law.

Examples:

- Reporting suspected child abuse or neglect to authorities
- Reporting certain communicable diseases to public health authorities
- Responding to court orders or subpoenas
- Complying with workers' compensation laws
- Reporting to coroners or medical examiners
- Reporting adverse events with medical devices or medications to the FDA

5. For Public Health Activities

I may disclose PHI for public health purposes:

- Reporting vaccine-preventable diseases
- Reporting foodborne illnesses or outbreaks
- Notifying public health authorities of communicable disease exposure
- Reporting suspected child abuse, neglect, or domestic violence when required by law

6. For Health Oversight Activities

Government agencies that oversee healthcare may need access to PHI:

- Medical board investigations
- Audits by licensing authorities
- Investigations of healthcare fraud

7. For Law Enforcement Purposes

I may disclose limited PHI to law enforcement in specific situations:

- In response to a court order or subpoena
- To identify or locate a suspect or missing person
- About a victim of a crime (in limited circumstances)
- About a death that may be the result of criminal conduct
- About criminal conduct at my practice

8. To Avert a Serious Threat

I may disclose PHI if I believe it's necessary to prevent or lessen a serious and imminent threat to:

- Your child's health or safety
- Another person's health or safety
- The public's health or safety

Example: If I believe your child is at risk of seriously harming themselves or others, I may need to share information with appropriate authorities or individuals who can help.

9. To Coroners, Medical Examiners, and Funeral Directors

I may disclose PHI to:

- Coroners or medical examiners to identify a deceased person or determine cause of death
- Funeral directors to carry out their duties

10. For Workers' Compensation

If your child's treatment relates to a work-related injury or illness (rare for pediatrics), I may disclose PHI for workers' compensation programs.

Uses That Require Your Written Authorization

For uses and disclosures not described above, I will ask for your written authorization. You have the right to revoke that authorization at any time by writing to me, except to the extent I've already acted based on your permission.

I will always get your written authorization before:

1. Marketing Communications

If I want to send you information about products or services that I receive payment to promote, I'll need your written permission.

Note: I may send you general health information, appointment reminders, and information about my practice or services without authorization—this is not considered marketing.

2. Sale of Your Information

I will never sell your child's health information without your written authorization.

3. Psychotherapy Notes

If I maintain psychotherapy notes (I typically don't in pediatric primary care), I would need your authorization to use or disclose them for most purposes.

4. Other Uses Not Listed

Any use or disclosure not described in this notice will require your written authorization.

Examples requiring your authorization:

- Sharing records with your employer
- Providing records to your attorney for non-treatment purposes
- Giving information to media or researchers (unless properly de-identified)
- Sharing detailed information with family members you haven't designated

Your Rights Regarding Your Child's Health Information

As a parent or legal guardian, you have the following rights regarding your child's health information:

1. Right to Inspect and Copy

You have the right to see and get a copy of your child's medical records and other health information I maintain.

How to exercise this right:

- Submit a written request to me (email is fine)
- I'll provide copies within 30 days (or 60 days if records are off-site)

Fees:

- I may charge a reasonable, cost-based fee for copying and mailing records
- I'll inform you of the fee before processing your request

Limitations:

- I may deny your request in certain rare situations (for example, if I believe access would cause serious harm)
- If denied, you have the right to request a review of that denial

2. Right to Request Amendment

If you believe information in your child's medical record is incorrect or incomplete, you may request that I amend it.

How to exercise this right:

- Submit a written request explaining what should be changed and why
- I'll respond within 60 days

I may deny your request if:

- The information was not created by me
- The information is not part of the records I maintain
- You're not allowed to see the information
- The information is accurate and complete

If denied:

- You have the right to submit a statement of disagreement
- I may prepare a rebuttal and provide you with a copy

3. Right to Request Restrictions

You may ask me to limit how I use or disclose your child's PHI for treatment, payment, or healthcare operations.

How to exercise this right:

- Submit a written request specifying what you want restricted and to whom

I am not required to agree to your request, except in one specific situation:

Required restriction: If you pay out of pocket in full for a service and request that I not share information about that service with your health insurance plan, I must agree (unless required by law to disclose).

Note: Because this is a direct primary care practice and I don't bill insurance, this situation is unlikely to arise. However, if you have insurance and don't want certain information shared with them if you submit records for reimbursement, you can make this request.

4. Right to Request Confidential Communications

You have the right to request that I communicate with you about your child's health matters in a certain way or at a certain location.

Examples:

- Call your cell phone instead of home phone
- Email instead of calling
- Mail to a P.O. Box instead of home address

How to exercise this right:

- Submit a written request specifying how or where you wish to be contacted
- I must accommodate reasonable requests

5. Right to an Accounting of Disclosures

You have the right to receive a list of certain disclosures I've made of your child's PHI.

What's included:

- Disclosures for purposes other than treatment, payment, or healthcare operations
- Disclosures not made with your authorization
- Disclosures made in the six years prior to your request (or shorter period if you prefer)

What's NOT included:

- Disclosures for treatment, payment, or healthcare operations
- Disclosures you authorized

- Disclosures made to you
- Disclosures for national security or intelligence purposes
- Disclosures to correctional institutions or law enforcement
- Disclosures that are part of a limited data set

How to exercise this right:

- Submit a written request
- First accounting in a 12-month period is free
- I may charge a reasonable fee for additional requests

I'll respond within 60 days.

6. Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice of Privacy Practices at any time, even if you've already received an electronic copy.

How to exercise this right:

- Ask me for a copy at any appointment
- Download it from my website
- Request it by email or phone

7. Right to Be Notified of a Breach

If your child's health information is ever compromised in a breach, I am required to notify you.

A breach is: An unauthorized use or disclosure that compromises the security or privacy of PHI.

I will notify you:

- Without unreasonable delay
- No later than 60 days after discovering the breach
- By mail, email, or phone (depending on the situation)
- With details about what happened and steps you should take

My Duties

I am required by law to:

- ✓ Keep your child's PHI private and secure
- ✓ Give you this Notice of Privacy Practices
- ✓ Follow the terms of this notice
- ✓ Notify you if your child's information is compromised in a breach
- ✓ Not retaliate against you for exercising your rights or filing a complaint

I reserve the right to change my privacy practices and this notice. If I make changes:

- The new notice will apply to all PHI I maintain
- I'll post the new notice in my office and on my website
- I'll provide a copy to you at your next appointment or upon request

How I Protect Your Child's Information

I take the security of your child's health information seriously. Here's how I protect it:

Physical Safeguards:

- Secure, locked office space
- Limited access to areas where records are stored
- Secure disposal of paper records (shredding)

Technical Safeguards:

- Encrypted electronic medical records system
- Password-protected computers and devices
- Secure, encrypted email and messaging when communicating PHI
- Regular data backups
- Firewall and anti-virus protection

Administrative Safeguards:

- Staff training on HIPAA privacy and security
- Business Associate Agreements with vendors who handle PHI
- Regular privacy and security reviews
- Policies and procedures to protect PHI

Third-Party Vendors:

I may use third-party vendors who have access to PHI (for example, my electronic medical records system, lab companies, or specialists I refer to). These vendors are required by law to protect your information and may only use it as I've authorized.

Special Situations

Minors

As the parent or legal guardian of a minor child (under 18), you generally have the right to access your child's health information.

Exceptions:

- In certain situations involving adolescent care (such as confidential reproductive health services, mental health treatment, or substance abuse treatment), California law may give minors the right to consent to treatment without parental involvement. In these limited situations, I may not be able to share certain information with you without your child's permission.
- If your child is an emancipated minor, they control their own health information.

If you have questions about access to your adolescent's health information, please discuss this with me.

Personal Representatives

If you're a legal guardian, healthcare proxy, or power of attorney for a child, I'll treat you as the personal representative with authority to make healthcare decisions and access health information.

I may require documentation:

- Court orders establishing guardianship
- Healthcare power of attorney documents
- Other legal documents proving your authority

Divorced or Separated Parents

Unless I have a court order stating otherwise, both parents generally have equal rights to access their child's health information and make healthcare decisions.

If there are custody restrictions or limitations on parental rights, please provide me with:

- Court orders specifying custody arrangements
- Any restrictions on access to medical information
- Any limitations on decision-making authority

Family Members and Friends

I may share your child's health information with family members or friends who are involved in your child's care or payment for care, if:

- You give me permission, OR
- You're present and don't object, OR
- I can reasonably infer from the circumstances that you wouldn't object

Example: If you bring your mother with you to an appointment and discuss your child's condition in front of her, I can reasonably assume you're okay with me sharing information with her.

You may also authorize me to share information with specific individuals (such as grandparents, nannies, or other caregivers) by completing an authorization form.

Telehealth and Electronic Communication

I may communicate with you via:

- Phone calls (landline or mobile)
- Text messaging
- Email
- Patient portal messaging
- Video calls (telehealth)

Important: While I use secure, encrypted platforms when possible, electronic communication always carries some risk of interception or unauthorized access. By using these methods to communicate with me, you acknowledge and accept this risk.

To protect your privacy:

- Don't share passwords or login credentials
- Log out of patient portals when finished
- Use secure Wi-Fi (not public Wi-Fi) when accessing health information
- Let me know if you prefer not to use certain communication methods

Appointment Reminders and Health Information

I may contact you to:

- Remind you of upcoming appointments
- Follow up after visits
- Provide test results
- Share general health information

- Inform you of new services or practice changes

I'll use the contact information you provide (phone, email, text). If you'd like me to contact you differently, please let me know.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint.

How to File a Complaint:

Option 1: File with Me

Contact me directly:

Dr. Connell Bost
Whole Pediatrics Group
Riverside, California
Phone: 909-553-5279
Email: info@wholepeds.com

I will not retaliate against you in any way for filing a complaint.

Option 2: File with the Federal Government

You may file a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-877-696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized or retaliated against for filing a complaint.

Questions?

If you have questions about this Notice of Privacy Practices or your privacy rights, please contact me:

Dr. Connell Bost
Whole Pediatrics Group
Riverside, California
Phone: 909-553-5279
Email: info@wholepeds.com
Website: www.wholepeds.com

I'm happy to discuss your privacy concerns and help you understand how I protect your child's health information.

Effective Date and Changes

This notice is effective as of: September 1, 2027

I reserve the right to change this notice at any time. Any changes will apply to all PHI I maintain, including

information created or received before the change.

If I make significant changes, I will:

- Post the new notice in my office
- Post it on my website
- Make copies available to you upon request
- Provide you with a copy at your next appointment

Current version is always available:

- In my office waiting area
- On my website at www.wholepeds.com/hipaa-notice
- By request (email, phone, or in person)

Whole Pediatrics Group | Riverside, California | info@wholepeds.com

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