



Mary Kathleen W. DiTursi MD PhD FAAP

Laura Z. Roberts C-PNP

55 Mohawk Street, Suite 101

Cohoes NY 12047

(518) 233-9500

Fax: (518) 235-4827

www.harmonymillspeds.com

Welcome to Harmony Mills Pediatrics!

As your primary care providers, we will do everything we can to ensure you receive the best health care possible, including coordination with different specialists outside the practice when necessary. In order to achieve this, it is important that we know the details of your health history, so all new patients will undergo a comprehensive medical assessment as part of the initial office visit. This includes your family's health history as well as your own. In addition, it is very important that your insurance company designate us as your primary care physician, in order for them to fill their role in the collaboration that is your medical home.

If you are transferring from another primary care practice, we will need to obtain your existing records from that office. To facilitate this, please complete a copy of our Medical Records Release Consent Form (available at the front desk or through our website). Once the form is completed, it will be sent to your previous provider. When we receive your records, they will be reviewed by the doctor and added to your medical chart. Please contact your insurance company prior to your first visit here (or at the first visit here) and inform them of the change to your primary practice.

Our business hours are as follows:

- Walk-In Physician Hours: Monday–Friday 7:00 AM – 9:00 AM
- Physician & Receptionist Hours: Monday–Friday 9:00 AM – Noon, 1:00 PM – 4:00 PM
- Receptionist & Nurse Hours: Monday–Friday 4:00 PM – 5:00 PM

If you have any concerns about your child, or if you feel they need to be seen by a doctor, please call us. During business hours, if you feel your child needs to be seen that day for an illness, please call the office and we will fit you in if possible, or please come first thing the next morning to physician walk-in hours. The doctor will always give priority to the children in the office, and thus is unlikely to return a parent phone call during the day. Any message left asking to speak to a doctor directly will most likely be answered within 48 hours. If you are trying to decide if you should bring your child in, please talk to our nurses who will help you figure out the best course of action, and who will consult the doctor if necessary.

In this pamphlet, you will find copies of our Privacy Practices, our Financial Agreement, our Vaccine Policy, Information on the Electronic Interfaces for vaccines and prescriptions that are used here, and information on the Healthcare Data Exchange (HIXNY). These are yours to keep, and as you register your child(ren) you will acknowledge receipt of these documents.



Effective January 1, 2018

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

Keeping detailed patient records is a critical part of practicing good medicine. During every patient encounter we collect and record a wide variety of information: symptoms, test results, diagnoses, billing data, and more. The law requires us to generally keep this information private and to inform you about how we keep this information private; that is the purpose of this notice. We are required by law to abide by the privacy policy currently in effect and to notify you when changes are made to it. Copies are available at our front desk and on our website, www.harmonymillspeds.com.

Primary ways we use or disclose patient information

We are permitted to use internally and to disclose to third parties patient information when it is for the purposes of treatment, payment, or health care operations. We may use or disclose information for these purposes without additional permission from you.

- **Treatment** – Our staff will use patient information to provide care. We will also disclose information to other medical professionals and organizations providing care to our patients, such as pharmacists, specialists, and hospitals.
- **Payment** – We use patient information to obtain payment for services rendered to our patients; for example, to confirm health plan eligibility or to bill insurance providers.
- **Health Care Operations** – We use patient information to help run our office. This includes reviewing records to assess overall quality of care, using case files for training purposes with our staff, and providing records to licensing bureaus to maintain accreditation. We may also disclose patient information to business associates that assist in the operation of our practice, such as the company that maintains our electronic medical records (EMR) system. Any such business associates must provide us written assurance that they will keep your information confidential.

Additional reasons for us to disclose patient information

There are a number of additional cases in which we are permitted to disclose patient information without your permission.

- **Contacting you** – We may, at our discretion, provide information to you in the form of appointment reminders, suggestions for additional health care services, or similar contacts.
- **Public health purposes** – These include actions such as reporting certain communicable diseases to the health department or other government agencies, notifying individuals of possible exposure to contagion, and reporting adverse reactions to medication, among others. This also includes responding to audits or other requests from government health care programs such as Medicaid.
- **Threats to health or safety** – We may disclose information to prevent serious threats to health or safety. This includes reporting suspected abuse and/or neglect to the appropriate authorities.
- **Law enforcement purposes** – We will disclose information when required by a warrant or subpoena, when someone has reported a crime committed on our premises, or in similar circumstances.
- **Death of a patient** – We may disclose information to coroners, medical examiners, funeral directors, and organ and tissue donation services as needed.
- **Other uses as required by law.**



Other disclosures of patient information

Other uses of patient records require advance written permission from the patient or legal guardian, as appropriate. This permission may be withdrawn at any time; such withdrawal must also be in writing. We will not be able to take back disclosures made prior to such a withdrawal. Also, you may not withdraw permission if it was a requirement of obtaining insurance coverage.

Patient rights to their own medical information

Patients (or their legal guardians, as appropriate) are entitled to several rights regarding their own medical information. These include:

- **Requesting disclosure restrictions** – You may request restrictions on uses and disclosures of your records for treatment, payment, and health care operations purposes. Such requests must be made in writing. The law does not require us to agree to these requests. The right to request restrictions does not apply to use or disclosure required by law or when necessary to provide emergency treatment.
- **Requesting confidential communications** – You may request that we provide information to you in a certain way or at a certain place. Such requests must be made in writing. If the request is accepted, you will need to provide information about details such as payment handling and contact method.
- **Inspection of your information** – You may request access to information used to make decisions about you, for the purposes of inspecting such information and making copies. The law permits us to charge a fee for copying costs. This right does not include clinical laboratory data, records from other health care organizations, or information that is being compiled in anticipation of a civil, criminal, or administrative action or proceeding.
- **Accounting of disclosures** – You may request a list of certain instances in which your records have been disclosed. The list will not include disclosures that have been explicitly authorized, nor those related to treatment, payment, or health care operations.
- **Amending your information** – You may request that we amend certain information used to make decisions about you. Such request must be in writing and must include a reason for the request. We are not required to agree to your request. We may deny your request if the information in question is not complete and accurate, if we did not initially create the record, or if it is information that is not included in your right to inspection (listed above).
- **Obtaining a paper copy of this privacy notice upon request.**

Exercising your rights, obtaining more information, or filing a complaint

To exercise any right listed in this document, to obtain more information about those rights, or file a complaint regarding a possible privacy policy violation, please contact our office administrator by phone at (518) 233-9500 or by mail or in person at 55 Mohawk St., Suite 101, Cohoes, NY 12047.

You may also file complaints with the Secretary of the Department of Health and Human Services. Harmony Mills Pediatrics will in no way retaliate against you for any such action.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as for any information we receive in the future. A copy of the current notice will be posted at the front desk. If we change the notice, you will get a new copy of it the next time you are provided medical care in our office.



Financial Agreement

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our practice manager. We are dedicated to providing the best possible care and service to your family and regard your complete understanding of your financial responsibilities as an essential element of this care and treatment.

Payment

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept cash, checks, and credit cards including Visa, MasterCard, and Discover. We do not accept American Express or postdated checks. Any returned checks will result in a \$35 service charge.

Insurance

Insurance is your responsibility. You must present a valid insurance card at every visit. We are not responsible for obtaining or maintaining ID numbers, or knowing all the ins and outs of your plan. We are committed to providing the best evidence based care established on published guidelines and do not base our care on what your insurance covers.

We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement. Insurance companies require you to pay the authorized copayment at the time of service. Deductibles (if known) and fees for non-covered services are due at the time of service.

In the event that we cannot verify your insurance, you will need to either pay in full at time of service or see the practice administrator to make other arrangements prior to being seen. This may significantly delay your appointment.

If you or your child is in need of new health insurance, we recommend visiting the New York Official Health Plan Marketplace (<http://nystateofhealth.ny.gov>). If you are uncertain about how to obtain or renew health insurance for yourself or your child, our staff may be able to offer some assistance. Please ask if you have any questions, we are happy to help you find the answers!

Newborns

It is imperative that you add your child to your insurance policy within 30 days. Please do this as soon as possible to ensure your child is covered for all early care. **Please ensure that Dr. DiTursi is set as the primary care physician for your child's insurance plan. In the event of insurance lapse or annual recertification, you must again ensure that Dr. DiTursi is selected. The majority of plans will no longer pay for care unless it is at the office of the designated primary care physician. We regret that we will have no choice but to pass the cost on to you.** We advise contacting your insurance company before the date of delivery to confirm the initial period of coverage (this may vary by insurance plan). We file all hospital claims; any remaining balance is your responsibility and is due upon receipt of a statement from our office.



Minor Patients

For all services rendered to minor patients, we will look to the adult accompanying the patient for payment, even if that adult is not the financially responsible party.

Missed/Canceled Appointments

Appointments must be canceled at least 24 hours prior. Repeated missed or canceled appointments may result in limitations on your ability to schedule multiple children to be seen at once, or to schedule appointments during high volume times of service. Severe abuse of this policy may result in dismissal from the practice.

Payment and Collection Policies

Our goal is to provide care to your child even if you are having financial difficulties. There is no charge for speaking to the physician over the phone, and a payment plan for office visits can easily be set up. All children without insurance are eligible for free state-provided immunizations, which can be administered at the office. However, communication with the office is essential in order for Harmony Mills to continue this policy.

In particular, if your insurance has a large deductible, this may not be visible to the office at the time of check-in, and you would only be billed for your regular co-pay at time of service. In this situation, you would receive a bill for the balance owed at a later time.

Unless a prior arrangement with a written and signed agreement has been made with the practice manager, the insurance will be billed and then statements will be sent for any balance after your insurance plan pays its share. Payment is due upon receipt of this balance. If you believe there has been a billing error, please contact the office immediately. If you are unable to pay the entire balance, please contact the office immediately to set up a payment plan. Failure to respond to two statements requesting payment may trigger collections action. Should that become necessary a 30% fee or \$35 charge, whichever is greater, will be assessed to your account and will result in dismissal from the practice. You will then be responsible for all fees due to the collection agency in addition to the balance owed.

Laboratory Procedures

All in-office lab work is sent to the local LabCorp facility for processing, along with the most recent insurance information we have on file for the patient.

Harmony Mills Pediatrics is **not** responsible for verifying if LabCorp accepts any particular insurance plan(s). In the event that procedures performed by the lab are not entirely covered by the insurance plan on file, you may receive a bill from LabCorp for all or part of the charges. Harmony Mills Pediatrics has **no jurisdiction** over this process, and cannot intervene in the adjudication of such charges in any way; any questions or appeals should be directed to LabCorp or to your insurance provider.

If you would prefer to have lab work for you or your child performed at a different facility, please inform the provider at the time the samples would be drawn, and you will be given a printed prescription instead.



Vaccine Policy and Schedule

Harmony Mills Pediatrics adheres to a standard vaccine schedule approved by the American Academy of Pediatrics and the Center for Disease Control. The most up-to-date and complete set of these recommendations can be found at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

Until a child is 24 months, the office offers and strongly recommends vaccinations according to the linked schedule. After that, at age 24 months, adherence to our schedule is a requirement for continuing as a patient of this practice.

The influenza vaccine is required for all children age 24 months and up, and is offered when available in season beginning at age six months. Our goal is to see every patient between October and November of each year for an influenza vaccine, either during their scheduled well child or follow-up visit, or for a nurse-only visit or during an evening/weekend/morning flu clinic. If a patient comes in for a well child, behavioural medication visit or sports physical visit and has not received an influenza vaccine that year, it will be included in the shots for that visit between October and May annually.

If you are having difficulties with insurance or payment, please come anyway for your vaccines. We participate with the Vaccines for Children program, and always have free shots available to patients without insurance.

The office schedule is provided on our website for your convenience. Notes on the office schedule:

- The number of injections depends on the availability of certain combination vaccines, as well as if a parent followed the standard schedule from birth. *Please never promise your child that it will only be a certain number of shots!* In the case of an update to the CDC recommended schedule, there will probably be a lag between the change and the update to the schedule on our page. The physician on the day of the visit will finalize the office recommended vaccines.
- A very small number of children should receive Meningitis B vaccination, which is not listed on our website schedule, and that will be discussed individually with Dr. DiTursi.
- When there is a personal or family history of fever seizure, Dr. DiTursi recommends avoiding giving the influenza and pneumococcal vaccinations on the same day, and the offered schedule will be adjusted if this comes up. Any parent may request, if they are particularly concerned about high fevers (although Dr. DiTursi does not specifically recommend this approach), to defer a third or fourth pneumococcal to a future nurse visit and give only the influenza vaccination on that date. This is not considered "alternate schedule" or "declining" vaccination.



Interfaces and Data Exchanges in Use at Harmony Mills

In this increasing era of healthcare connectivity, multiple organizations have access to your and your child(ren)'s healthcare data. While you have control of this access to third parties, those involved in directly providing the care (such as the doctor who prescribes a medication and the pharmacy who fills it) will communicate directly electronically without the involvement of any human.

Harmony Mills maintains Business Associate Agreements with all the following organizations to codify the limitations of data exchange and ensure that privacy laws are followed. These organizations are typical of the types of organizations accessed by all physicians offices who participate in insurance and use electronic records.

By bringing your child to Harmony Mills Pediatrics, you consent to the bidirectional exchange of data, always in a manner covered by HIPAA and in keeping with our privacy policies, with the following organizations:

- The pharmacy/pharmacies you designate to receive your prescriptions
- The insurance interface of all prescriptions filled in your child's name (accessed automatically by the electronic health record)
- The New York State Immunization Information System (NYSIIS) is accessed by both Harmony Mills Pediatrics and the school district and contains a report of all vaccines given by this and all other offices in New York State
- Athena Health, a private company who provides our cloud-based electronic health record.
- Dulcian Health, a private company who assists us with the electronic preparation of care plans
- The New York State Delivery System Reform Incentive Program (DSRIP), and Medicaid of New York State, who monitor the quality of all care provided out of this office, which includes data on both patients with Medicaid and those without.
- Your health insurance company

In addition, Harmony Mills participates in the HIXNY healthcare data exchange that serves every patient and provider in upstate New York. Although we find HIXNY a very valuable way to receive and share information with other doctors, we only access it for patients whose consent is on record. Further information on that particular data exchange is provided on the next page and a consent form is provided in registration packet. However, even if you decline participation in HIXNY, receiving care at Harmony Mills does mean that your data will be exchanged with the organizations listed above.

Details about patient information in HIXNY and the consent process:

1. How Your Information Will be Used. Your electronic health information will be used by Harmony Mills Pediatrics **only** to:

- Provide you with medical treatment and related services
- Check whether you have health insurance and what it covers
- Evaluate and improve the quality of medical care provided to all patients.

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

2. What Types of Information about You Are Included. If you give consent, Harmony Mills Pediatrics may access ALL of your electronic health information available through HIXNY. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or drug use problems
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

3. Where Health Information About You Comes From. Information about you comes from places that have provided you with medical care or health insurance (“Information Sources”). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from Harmony Mills Pediatrics. You can obtain an updated list of Information Sources at any time by checking the HIXNY website: www.hixny.org.

4. Who May Access Information About You, If You Give Consent. Only these people may access information about you: doctors and other health care providers who serve on Harmony Mills Pediatrics’s medical staff who are involved in your medical care; health care providers who are covering or on call for Harmony Mills Pediatrics’s doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

5. Penalties for Improper Access to or Use of Your Information. There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call Harmony Mills Pediatrics at: (518) 233-9500; or call HIXNY at (518) 783-0518; or call the NYS Department of Health at (877) 690-2211.

6. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by Harmony Mills Pediatrics to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. HIXNY and persons who access this information through the HIXNY must comply with these requirements.

7. Effective Period. This Consent Form will remain in effect until the day you withdraw your consent or until such time HIXNY ceases operation.

8. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to any office staff at Harmony Mills Pediatrics. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from any HIXNY provider, from the HIXNY website at www.hixny.org, or by calling (518) 783-0518. **Note: Organizations that access your health information through HIXNY while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.**

9. Copy of Form. You are entitled to get a copy of this Consent Form after you sign it.