

## **Notice of Privacy Practices**

### **HOW YOUR/YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

#### **TO PROVIDE TREATMENT**

We will use your/your child's HEALTH INFORMATION within our office to provide the best health care possible. This may include administrative and clinical office procedures such as scheduling and coordinating of care between a nurse, physician and business office staff. In addition, we may share your/your child's health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing you/your child treatment.

#### **TO OBTAIN PAYMENT**

We may include your/your child's health information with an invoice used to collect payment for treatment you/your child receives in our office. We may do this with insurance forms filed for you/your child in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your/your child's health information.

#### **TO CONDUCT HEALTH CARE OPERATIONS**

Your/your child's health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in the training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during insurance company audits or government appointed agencies as part of their quality assurance and compliance reviews. Your/your child's health information may be reviewed during the routine process of certification, licensing or credentialing activities.

#### **IN PATIENT REMINDERS**

Because we believe regular care is very important to your/your child's general health, we will call to confirm a scheduled appointment. Additionally, we may contact you to follow up on your/your child's care and inform you of treatment options or services that may be of interest to you/your child.

#### **ABUSE OR NEGLECT**

We will notify government authorities if we believe a patient is the victim of abuse neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

#### **PUBLIC HEALTH and NATIONAL SECURITY**

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of drug treatment or medical device.

#### **FOR LAW ENFORCEMENT**

As permitted or required by State or Federal law, we may disclose your/your child's health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you/your child are/is a victim of a crime or in order to report a crime.

#### **FAMILY, FRIENDS, and CAREGIVERS**

We may share your/your child's health information with those you tell us will be helping you/your child with home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your/your child's health information only when it will be important to those participating in providing your/your child's care.

#### **TO CORONERS, FUNERAL DIRECTORS and MEDICAL EXAMINERS**

We may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

## **MEDICAL RESEARCH**

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your/your child's health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **Patient Rights**

This new law is careful to describe that you/your child have/has the following rights related to your/your child's health information.

## **RESTRICTIONS**

You have the right to request restrictions on certain uses and disclosures of your/your child's health information. Our office will make every effort to honor reasonable restriction preferences from our patients and parents.

## **CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your/your child's health information through mail or that we call you at work instead of at home. We will make every effort to honor your reasonable requests for confidential communications.

## **INSPECT AND COPY YOUR HEALTH INFORMATION**

You have the right to read, review, and receive a copy of your/your child's health information, including your/your child's complete chart, x-rays and billing records. If you would like a copy of your/your child's health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your/your child's copy.

## **AMEND YOUR HEALTH INFORMATION**

You have the right to ask us to update or modify your/your child's records if you believe your/your child's health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if our office did not create health information in question, is not part of our records or if the records containing your/your child's health information is determined to be accurate and complete.

## **DOCUMENTATION OF HEALTH INFORMATION**

You have the right to request an accounting of disclosures of your/your child's health information. An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made for any reason other than treatment, payment and health care operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

## **REQUEST A PAPER COPY OF THIS NOTICE**

You have the right to obtain a copy of this Notice of Privacy Practices from our office.

We are required by law to maintain the privacy of your/your child's health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your/your child's information. Please let us know of your concerns or complaints in writing. **This Notice is also available in Spanish. Please request at front desk.**