



Notice of HIPAA Policies

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY. .

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to adequate notice of the uses and disclosures of your protected health information ("PHI")(i.e. information that discloses your child's identity or leads to disclosure of their identity) that may be made by this medical practice. You are also entitled to a notice of your rights and the policy of this practice with respect to your child's PHI.

Our office is committed to treating and using PHI about your child responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your child's PHI. This Notice is effective April 14, 2003, and applies to all PHI as defined by federal regulations.

REQUIRED BY LAW

Our practice has the following duties with respect to your child's PHI:

1. We are required by law to maintain the privacy of your child's PHI.
2. We must provide you with notice of our legal duties and privacy practices with respect to your child's PHI.
3. We must abide by the terms of the Notice of Privacy Practices that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR CHILD'S INFORMATION

The following describes how our practice is permitted by law to share your child's PHI with others in order to provide your child with medical care. This notice does not describe every use or disclosure our practice makes; it is intended as a general overview.

1. Medical treatment. We may need to share information about your child in order to provide medical care to them. For example, we may share with other physicians, nurses or healthcare professionals entering information into your child's medical records relating to their medical care and treatment. We may share information about your child including x-rays, prescriptions and requests for lab work. We may share information about your child to a laboratory, hospital, or center we refer them to for tests. We may also provide a subsequent or current healthcare provider with copies of various records that should assist him or her in treating your child. We may share information about your child to a pharmacist who is responsible for filling your child's prescriptions.
2. Payment. We may need to disclose information about the treatment, procedures or care our practice provided to your child in order to bill and receive payment for services we provided. We may share this information with you, an insurance company or any third party responsible for payment. We may also need to disclose PHI about your child with your health plan and/or referring physician in order to obtain prior authorization for treatment, to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician.
3. Healthcare operations. In order to help us run our practice more efficiently and provide better patient care, we may use and disclose your child's PHI to Business Associates who need to use or disclose your child's information to provide a service for our medical practice, such as our software vendors who provide assistance with data management on our behalf. Examples include the use of a copy service when making copies of your child's PHI or a service to shred protected records. To protect your child's PHI, however, we require the Business Associate to appropriately safeguard your child's PHI and to sign a business agreement stating they agree to the safeguards.
4. Required by law. We will disclose medical information related to your child if required to do so by state, federal or local law.
5. Public health activities risks. Your child's PHI may be disclosed to a public health authority that is authorized by law to collect or receive such information for public health activities. Certain disclosures may be made for public health activities in the following circumstances:
 - a) to prevent or control disease, injury or disability;
 - b) to report births or deaths;
 - c) to report child abuse or neglect;

Parent's Initials _____

- d) to report reactions indications or product defects;
- e) to notify individuals of product recalls;
- f) to notify a person who may have been exposed to a communicable disease or are at risk of contracting or spreading a disease or condition;
- g) if our practice reasonably believes a person is the victim of abuse, neglect or domestic violence, we may disclose PHI to the appropriate authority. We will only make this disclosure if you agree to the disclosure or we are required or authorized to do so by law without your permission.

6. Appointment reminders or treatment alternatives. Our practice may use and disclose medical information about your child to provide you with reminders that your child is due for care or has an upcoming appointment. We may also wish to provide you with information on treatment alternatives or other health related benefits that may be of interest to you. We may contact you by phone, fax or e-mail. We will make every effort to protect your child's privacy when leaving a message for you and try to reveal as little confidential information as possible (i.e., when leaving a message on your answering machine that may be heard by others).
7. Research. Under certain circumstances, our practice may use or disclose your child's PHI for research purposes. Our practice cannot use or disclose information about your child without your written authorization, but we may if the authorization requirement has been waived by a Review Board who has assessed the effect of the research protocol on your privacy rights and interests and certified that there are adequate controls in place to protect your child's PHI from improper use and disclosure. Our practice may also disclose information about your child in preparing to conduct research (i.e., to help-them find patients who may be qualified to participate in a particular study), but your child's PHI will not leave our practice. We will make all attempts to make your child's PHI non-identifiable, but we may not always be able to guarantee this. If, however, the researcher will have access to information that will identify your child, we will seek to obtain your permission (though we cannot guarantee this). We will always obtain your specific authorization if required by law.
8. To avert serious threat to health or safety. If our practice believes, in good faith, that a use or disclosure of your child's PHI is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, we may disclose their PHI.
9. Health oversight activities. Your child's PHI may be disclosed to federal, state or local authorities as part of an investigation or government activity authorized by law. This may include audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions or other activities necessary for the oversight of the healthcare system, government benefit programs and compliance with government regulatory programs or civil rights laws.
10. Law enforcement. We may disclose your child's PHI to law enforcement individuals if we are required to do so by law. We may also disclose PHI about your child in compliance with a court order, warrant or subpoena issued by the court. We may also use such information to defend ourselves in actions or threatened actions that may be brought against our practice.
11. Coroners, medical examiners and funeral directors. We may release PHI to a coroner or medical examiner for the purposes of identification, determining cause of death or other duties as authorized by law. We may also release PHI to funeral directors as necessary to carry out their duties with respect to the deceased.
12. Organ, eye, tissue donation. If your child is an organ donor, we may disclose their PHI organ procurement organizations, or other entities that facilitate tissue donation or transplantation.
13. Inmates. If your child is an inmate of a correctional institution or within the custody of law enforcement officials, we may disclose PHI about your child to allow the institution to provide your child with medical care, to protect the health and safety of your child and others or for the safety and security of the correctional institution. Other uses and disclosures will be made only with your written authorization and you may revoke your authorization at any time.

I have read and understand the above polices. I understand a copy of this letter will be placed in my child's record.

Parent or Guardian Signature

Parent or Guardian Printed Name

Date