



**HEALTHY START PEDIATRICS**  
**NOTICE OF PRIVACY POLICY**  
Effective September 1, 2009

**Child's Name:** \_\_\_\_\_

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

The following is the privacy policy of **Healthy Start Pediatrics** as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under, commonly known as HIPAA. This notice describes how we may use and disclose your Protected Health Information to carry out treatment, payment of health care operations and for purposes that are permitted or required by law. It also describes your rights to access and control your protected health information which includes information about you, 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.

***Uses and Disclosures of Your Protected Health Information***

*Your PHI maybe used and disclosed by your physician, office staff and others outside of our office that are involved in your care child's care and treatment for (a) the purpose of providing health care services to your child, (b) to pay your health care bills or (c) to support the operation of the physician's practice, and any other use required by law.*

**(a) Use of Protected Health Information for TREATMENT**

Your protected health information will be used or disclosed to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example your protected health information maybe provided to a physician to whom you have been referred or for consultation among providers relating to your care or to a home health agency to ensure that they have all the necessary information to provide diagnosis and treatment.

**(b) Use of Protected Health Information for PAYMENT**

Your protected health information will be used and disclosed, as needed to obtain payment for health care services provided to you. For example, obtaining approval for a hospital stay may require that this information be disclosed to the health plan or to obtain information about eligibility or coverage or for assessment of medical necessity by utilization review activities.

**(c) Use of Protected Health Information for HEALTHCARE OPERATIONS**

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include but are not limited to qualify assessment activities, employee review activities, training medical students, licensing, and for conducting other business activities. For e.g. we may disclose your protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see your child. Also, we may disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**(d) Use of Protected Health Information as REQUIRED BY LAW**

We may use or disclose your protected health information to the extent that law requires such use or disclosure. examples include: (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers’ compensation.

**(e) All Other Situations, With Your Specific Authorization**

Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization.

You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

**(f) Your Rights With Respect to Your Personal Health Information**

Under HIPAA, you have certain rights with respect to your personal health information.

**(i) Right To Request Restrictions On Use Or Disclosure**

You have the right to request restrictions on certain uses and disclosures of your protected health information for purposes of treatment, payment, or healthcare operations. You may also request that any part of the protected health information not be disclosed to family members, relatives, or close personal friends involved in your care. Your request must state the specific restriction and to whom you want the restriction to apply.

We are not required to agree to any requested restriction and will not accept a request to restrict uses or disclosures that are otherwise required by law or if your physician does not believe it is in your child's best interest. However, you have the right then to use another Health Care Professional.

(ii) Right To Inspect And Copy Your Personal Health Information

You have the right of access in order to inspect and obtain a copy your personal health information contained in your designated record set, *except for* some restrictions as permitted or required by Law. We require a written request. There will be a charge for this service to cover costs. In the event of a denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial.

(iii) Right To Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We may require that you submit written requests and provide a reason to support the requested amendment. We have the right to deny your request for amendment. In this event you have the right to file a statement of disagreement with us and will provide you with a written explanation.

(iv) Right To Receive An Accounting Of Disclosures Of Your Personal Health Information

You have the right to receive a written accounting of certain disclosures of your protected health information that we have made.

**Complaints**

You may file a complaint with us or with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail to us. You will not be retaliated against for filing any complaint.

**Amendments to this Privacy Policy**

We reserve the right to revise or amend this Privacy Policy at any time. The current policy will always be on display in the office. You have the right to request a copy of the new policy at any visit. You have the right to object or withdraw.

If you have any objections to this form please let us know in person or by phone.

Your signature below is acknowledgement that you have received this Notice of Privacy Practices.

Parent/ Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_