

NOTICE OF PRIVACY RIGHTS - HIPAA

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment payment or health care operations (TPO) and for other purposes that are permitted and required by law. It also describes your rights to access and control PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operations of the physician's office, and any other use required by law.

Treatment:

We use information previously compiled about you to provide you with current or future health care services or treatments. Therefore, we may, and most likely will, disclose your information to doctors, nurses, and other health care personnel who are involved in your care.

Payment:

We may use and disclose medical information about and concerning services and procedures so that they may be billed and collected from you, your insurance company, or third party reimbursement entity, such as Medicaid.

Operational Uses:

We may use and disclose medical information about you in order to operate the office efficiently and make sure our patients/clients receive a high quality care. These include, but are not limited to: quality assessment services, employee review activities, training of medical students, licensing, and conducting or arranging for business activities. For example: we may ask you to sign your name in a sign-in list, we may call your name in the waiting room when the physician is ready to see you.

We may use your PHI in the following situations without your authorization. These situations include: Required By Law, Public Health Issues as required by law, Communicable Diseases; Health Oversight; Abuse; Neglect; FDA requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates; Required Uses and Disclosures; Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of Section 164.500.

Other Permitted and Required Uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to extend that your physician or your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Signature of Parent/Guardian

Date