

Pediatric Possibilities, P.A.
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Notice of Privacy Practices
(Effective date of privacy practice: April 14, 2003)

This Notice Describes How Medical Information about You May be Used and Disclosed and How you can get access to This Information. Please Review It Carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This ACT gives you, the patient, significant new right to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers, such as report letters to referring doctors, and consultations with other specialists regarding your health care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing and collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, financial and billing audits, and customer service. An example of this would be an internal quality review program.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will ask you for special written permission. We may also create and distribute de-identifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or other information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to this office. You can:

Ask to restrict our uses and disclosures for purposes of treatment, payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want.

Ask us to communicate with you in a confidential way, such as mailing information to a different address, or by using E Mail to your personal E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost.

Ask to see or to get photocopies of your health information.

Ask us to amend your health information if you think that it is incorrect or incomplete.

Get a list of the disclosures that we have made of your health information within the past six years (or shorter period if you want).

Get additional paper copies of this Notice of Privacy Practices upon request.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address or Fax at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

For more information

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.