QuickCare pediatrics

HIPAA PRIVACY RULE

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.

We are required by law to:

- Maintain the privacy of Protected Health Information (PHI)
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

The following describes the ways we may use and disclose health PHI that identifies you. Except for the purposes described below, we will use and disclose your PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

We may disclose your PHI to doctors, nurses and other health care personnel who participate in your health care. Your PHI may be shared with outside entities performing ancillary services we may use and disclose your PHI for healthcare operation purposes. We may also send or communicate appointment reminders that are subject to our normal confidentiality policies and any special instructions that you have requested.

For uses beyond treatment and operations purposes, we will ordinarily seek to obtain your authorization before disclosing your PHI. However, disclosure of your PHI may be made without your consent or authorization when required by law, when required for public health reasons, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or warrant such disclosure.

We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

We are required by law to disclose PHI in response to any court or administrative order.

We are required by law to release PHI if asked by a law enforcement official.

We may release PHI to a coroner or medical examiner.

You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to our practice Privacy Officer. We have up to 15 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

You have the right to request that an electronic copy of your record be sent to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in our standard format.

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

You have the right to request a list of certain disclosures we made regarding Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our office Privacy Officer.

You may receive a paper or electronic copy of this notice upon request.

We reserve the right to change this notice at any time.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. If you have any questions or concerns about our privacy practices, please contact our office.

Parent/Guardian Name _____ Date _____
Parent/Guardian Signature _____ Date _____