

You have the right to inspect and copy your child protected health information (fees may apply) – Under federal law, however you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your child protected health information – This means you may ask us not to use or disclose any part of your child health information and by law we must comply. You may also request that any part of your child protected health information not be disclosed to family members or friends who may be involved in their care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your child PHI for treatment purposes.

You have the right to request to receive confidential communications – You have the right to request confidential communication from us by

alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternative, i.e. electronically.

You have the right to request an amendment to your child protected health information – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures – You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization for purposes of treatment, payment, healthcare operations, required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer. We will not retaliate against you or your child for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protect health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at (334) 244-7209.

Notice of Privacy Practices



7006 Fulton Ct.
Montgomery, AL 36117
(334) 244-7209

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

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

USES AND DISCLOSES 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 your child, to pay your child health care bills, to support the operation of the physician's practice and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your child health care

health care with a third party. For example, your child protected health information may be provided to a physician to whom your child have been referred to ensure that the physician has the necessary information to diagnose or treat your child.

Payment: Your child protected health information will be used, as needed, to obtain payment for your child health care services. For example, obtaining approval for a hospital stay may require that your child relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We use and disclose medical information about your child to operate this medical practice. These activities include, but are not limited to, quality assessment, employee review, training of medical student, licensing, and conducting or arranging other business activities. For example, we may disclose your protected health information to medical 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 child's name and indicate which physician. We may also call your child's name in the waiting room when the physician is ready to see them. Or we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualification of our professional staff. Or we may use and disclose this information to get your child health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and medical information with our "business associates" such as our billing service, that

Perform administrative services and referrals. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your child medical information. We may use or disclose your child protected health information in the following situations without your authorization. These situations include; as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, worker's compensation, inmates, and other required uses and discloses. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your child protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization at any time, in writing, except to the extent that your child physician has taken an action in reliance on the use of disclosure indicate in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your child protected health information.