



## HIPAA NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996

**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.**

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 or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you or your child(ren), including demographic information, that may identify you or your child(ren) and that relates to your or your child(ren)'s past, present or 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 our organization, 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 operation of the organization, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your or your child's health care with a third party. For example, we would disclose your or your child's protected health information, as necessary, to a pharmacy when we are ordering a prescription for you or your child. Your protected health information may be provided to a physician to whom you or your child have been referred to ensure that the physician has the necessary information to diagnose or treat you or your child.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your or your child's health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, quality improvement, training student and residents and conducting or arranging for other business activities. We may also call you or your child by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you about bills, tests or other services you or your child are due for or appointment reminders. We may also use your protected health information to inform you of potential treatment options or alternatives.

**We may use or disclose your protected health information in the following situations without your authorization:** 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, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. **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 the 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 the extent that your physician or this practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights:** The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your 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. Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request that we communicate with you about your or your child's health in by alternative means or at an alternative location.** All requests must be made in writing and submitted directly to Birmingham Pediatrics + Wellness Center. We will accommodate all reasonable requests.

**You have the right to obtain a paper copy of this notice from us at any time.** There is an electronic copy of the latest version of this notice available on our website .

**You may have the right to have our organization amend your protected health information.** All requests must be made in writing and must include a reason that supports your request. 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 request an accounting of all disclosures made by us except for those disclosures made pursuant to an authorization, for purposes of treatment, payment, healthcare operations, required by law, or that have occurred more than six years prior to the date of your request or prior to August 5, 2008. All requests must be in writing and submitted to Birmingham Pediatrics + Wellness Center and can be mailed or dropped off at Birmingham Pediatrics + Wellness Center. You can also email requests to [cinzia@birminghampediatrics.com](mailto:cinzia@birminghampediatrics.com).

**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 privacy contact of your complaint. **We will not retaliate against you 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 protected health information, if you have any questions concerning or objections to this form, please email [cinzia@birminghampediatrics.com](mailto:cinzia@birminghampediatrics.com).

**We welcome your comments:** Please feel free to call or email us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.