

**Paradise Pediatrics, P.C.**

**Notice of Privacy Practices**

This notice describes how your personal healthcare information may be disclosed or used by this office. Please read this notice carefully. If you have any questions, please contact our Privacy Officer. After receiving this document, you will be asked to sign that you have received this notice.

Paradise Pediatrics is required to abide by the terms of this Notice of Privacy Practices. The terms may change at any time and the revised notice will apply to all protected health information maintained at that time. The revised notice will be posted in our office. You may request a revised copy of this notice by calling our office.

Paradise Pediatrics has taken reasonable steps to safeguard the privacy and confidentiality of your Protected Health Information (PHI). The staff of this office will only use your health information for the intended patient care purpose. Discussions by staff members that reference your information will be conducted in a confidential and professional manner. You may observe or hear incidental disclosures regarding other patients which we expect you to treat the same way in which you wish your protected health information to be treated.

**1. Uses and Disclosure of Protected Health Information\* (PHI) for Purposes of Treatment, Payment and Operations (TPO)**

Paradise Pediatrics will need to access your protected health information for purposes of treatment, payment and operations (TPO) in accordance with state and federal law.

\*PHI includes but is not limited to: lab reports, referrals, previous medical records, radiology/imaging, specialist consultations, immunization records, current demographics, telephone conversations and/or messages.

- USING AND DISCLOSING INFORMATION FOR TREATMENT PURPOSES. To maintain high quality healthcare, it will be necessary to share protected health information with all members of your treatment team. This can include employees in this office as well as other providers. This may also include reminders via a telephone call or postcard that your child has or needs an appointment for treatment or medical care.
- USING AND DISCLOSING INFORMATION FOR PAYMENT PURPOSES. Necessary information will be shared with appropriate payor resources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our billing personnel to have access to PHI information to carry out their billing and collection efforts.
- USING AND DISCLOSING INFORMATION FOR OPERATION PURPOSES. Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

**2. Uses and Disclosures Requiring Your Specific Authorization**

Other uses and disclosures of your protected health information (PHI) will only be made with your written or verbal authorization. Your authorization will only allow the use or disclosure of the specific information detailed on the authorization form. Some examples include but are not limited to: some marketing activities, the use or disclosure of psychotherapy records in our possession, transferring of your medical records in our possession or for authorized research purposes.

### **3. Other Uses and Disclosures Not Requiring your Authorization**

The following are situations where this office may use or disclose your protected health information without your consent or authorization:

- Uses and disclosures of PHI as required by law, court orders, a legal process, or government agencies.
- Uses and disclosures of PHI for matters of public health for the purpose of controlling disease as dictated by law.
- Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations.
- Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect.

### **4. Patient Privacy Rights effective April 14, 2003**

- In general, you will have the right to review and copy your protected health information (PHI) as well as amend the record generated by our office. A chronological summary of visits or diagnosis summary and an immunization record will be provided at no cost. If you request a detailed copy, we will charge a fee for the costs of copying, mailing or other supplies. Some exceptions include, but are not limited to, psychotherapy notes, or information compiled for use in a civil, criminal, or administrative proceeding.
- You have the right to request a restriction of the disclosure of your protected health information (PHI) for treatment, payment, or operations. This office is not required to agree to the request, but will do so at our discretion.
- You have the right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.
- You have the right to request an accounting of the disclosures made of your protected health information (PHI) by this office after April 14, 2003. This only applies to disclosures made for purposes other than treatment, payment and operations (TPO).

### **5. Privacy Officer and Complaints**

Should you have any concerns, you may contact our Privacy Officer who is responsible for the privacy and confidentiality of your information in accordance with state and federal law. Any complaints or issues you have regarding the privacy or confidentiality of your information should be directed in writing to the Privacy Officer at Paradise Pediatrics, P.C., 4626 E. Shea Blvd., Suite C100, Phoenix, AZ 85028.