

# Pediatric Associates, Inc.

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Pediatric Associates, Inc.  
Practice Privacy Notice

**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**

- I. This is a formal notification, as required by CMS (Centers for Medicare and Medicaid Services) concerning the privacy policy of this practice.** It is important that all patients and staff understand the importance of guarding patient information.
- II.** This practice has a legal obligation to maintain all medical records and information in the strictest of confidence as required by law. What this means to the patient is that we must safeguard patient information. This means we cannot release information to others without your written consent, including conversations, reminder calls, test results and other information that may be of a confidential nature. Patient information about health care is identified as "PHI" or protected health information.

This change in policy requires that you, the parent, identify and clarify at the time of registration or re-registration with this practice who we can talk to, how we can leave information on your behalf, and the process for ongoing continuity of medical care. **You can change this information at any time with either written notification or verbal notification, followed up in writing.** Changes can only impact the care or information from that point forward.

- III.** Protected health information (PHI) is an intricate part of medical care, and can be used or disclosed with your written consent as follows:
- For treatment in this practice and other locations under the physicians immediate care. This may include any referral for services such as lab, x-rays, other diagnostic testing or treatment related to any condition or medical care needs. This may also include conversations with other physicians.
  - For obtaining payment for treatment with your identified insurance or health coverage program. This would include any documentation related to this process, which may include history forms, progress notes or operative notes. This would include eligibility verification, prior authorization and claim submission.
  - For operations of this practice, such as enrolling with insurance programs, hospital privileges, accounting and compliance with federal and state laws and regulations.
  - Appointment reminders and health related benefit services only with your consent identified on the registration form
  - Disclosure to other family members or friends concerning any related health care information with your consent on the registration form which can be modified at any time orally, followed by written consent.
  - **Consent is not required for emergency care and treatment. An emergency is identified as a medical condition that in the judgment of the physician or medical entity required immediate and full information for care on your child(ren).**

Certain disclosures can be made without your consent, and they are as follows:

- Disclosure required by the government or law enforcement agencies. Specific areas that require release include gun shot wounds, domestic violence, and victims of abuse or neglect.
- Information used for public health purposes, medical examiners or related to a person's death or for the health department for disease tracking.
- Information used for health care oversight, such as a site review by an insurance program.
- Information related to organ donation.
- Information related to certain research procedures, the majority of this information is stripped of any personal data and is normally generic (age, sex, etc.)