

## PRIVACY PRACTICES NOTICE

**Note:** In this Privacy Practices Notice, “you” and “your” refers to the parent(s) *and* to the child(ren).

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment of health care operations and for **other purposes that are permitted or required by law. It also describes your right to access and control your Protected Health Information.**

Protected Health Information is information about you, including demographic information that may identify you and that relates to your past, present or future health or condition. You will be asked to acknowledge receipt of this notice. This notice will be effective for all protected health information that we maintain at this time.

### Uses and Disclosures of Your Health Information

The following are examples of the types of uses and disclosures that this office is permitted to make.

**Treatment:** This office may use and disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the coordination of management of your health care with a third party. We may disclose your health information to other physicians or health care provider (e.g., a specialist or laboratory) who becomes involved in your care.

**Payment:** Your health information may be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services that have been requested by your physician. We may also disclose your health information to other providers who have a relationship with you to allow them to bill for any services they provide you.

**Internal Use:** We may use and disclose medical information about you for our internal use. These uses are necessary to make sure that all our patients receive quality care, to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Incidental Disclosures:** We may call you by name in the waiting area when the physician is ready for your appointment. We may use or disclose your health information to remind you of your appointment.

**Business Associates:** We may share your health information with third party "business associates" that perform various activities (e.g., billing services, transcription services, medical record storage services) for this office. Whenever an arrangement between our company and another company performing service on our behalf involves the use of disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.

**Individuals Involved in Your Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

**Required by Law:** We may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These disclosures may be made for the purpose of controlling disease, injury or disability,

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

## **Patient Rights**

**Access:** You have the right to look at or get copies of your health information with some exceptions. You must make a request in writing to obtain access to your health information. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, health care operations and certain other activities after April 14, 2003. If you request the accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the US Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Please address any complaints or requests to:

Terra Linda Pediatrics, Inc  
4000 Civic Center Drive, suite 201  
San Rafael, Ca 94903  
Phone: (415) 479-8642 / Fax: (415) 479-2434

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I acknowledge receipt of this Privacy Practices Notice

\_\_\_\_\_  
Signature of Patient (or Parent, if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor's Name