



NOTICE OF PRIVACY PRACTICES AS REQUIRED BY FEDERAL LAW

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.

purePEDIATRICS uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. The Health Insurance and Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. This document contains a condensed version of our policies.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

The following are the policies we have adopted, in brief:

1. **Treatment:** We are permitted to use and disclose your medical information to those involved in your treatment.
2. **Payment:** We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you.
3. **Health Care Operations:** We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered.
4. **Disclosures That Can Be Made Without Your Authorization:** There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization. The following are situations where we may disclose your medical information without your authorization:
 1. Public Health, Abuse or Neglect, and Health Oversight
 2. Legal Proceedings and Law Enforcement
 3. Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors
 4. Those instances required by law
5. **Your Rights under Federal Law:** The U. S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights. Those rights are as follows:



1. You may request that we restrict how your protected medical information is used. We, however, do not need to agree to this restriction.
2. You may request that we send your protected health information by alternative means or to an alternative location.
3. You may inspect and/or copy your health information within a designated record set; request must be in writing. There are limitations regarding the information you may inspect or copy. Texas law requires us to release this information within 15 days of your written request received by our office. We will inform you if access has been denied or limited. HIPAA permits us to charge a reasonable cost-based fee for such information.
4. You may request an amendment of your medical information, however, we are not required to do so.
5. You may request an accounting of certain disclosures that are for means other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative.
6. Appointment Reminders, Treatment Alternatives, and Other Benefits: we may contact you by telephone, mail, email to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Complaints: If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U. S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

Our Promise to You: We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests: If you have any questions or want to make a request pursuant to the rights described above, please contact:

Alana Kennedy-Nasser, MD

6750 West Loop South, Suite 465

Houston, TX 77401

832.431.4336 | Fax: 832.460.6399

This notice is effective November 1st, 2015



Acknowledgement of Review w of Notice of Privacy Practices

I have read and reviewed this office’s Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative’s Authority