

Willow Bend Pediatrics

Notice of Privacy Practices

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.

Willow Bend Pediatrics is committed to protecting the privacy of our patients' health information. This notice describes our privacy practices. You may request a copy of this notice at any time. For more information about our privacy practices and policies, please contact the Privacy Officer listed below.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Willow Bend Pediatrics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. There are some services provided to our organization through contacts with business associates. Examples include auditors and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job required and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Uses and Disclosures that can be Made Without Your Authorization

Law enforcement. Your health information may be disclosed to law enforcement or other public agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting (including cases of suspected abuse or neglect of a child or disabled individual).

Public health reporting and health oversight. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. We may also disclose your medical information to report reactions to medications or vaccines or problems with products. Additionally, your health information may be disclosed to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications, and inspections that are all government activities undertaken to monitor the health care delivery system and evaluate compliance with laws.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Appointment Reminders and Requests to Contact the Office. We may contact you by mail and/or telephone and may leave messages on your home answering machine to provide appointment reminders or to request you contact the office unless you request confidential communications as described below.

Required by law. We may release your medical information as otherwise required by law.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment, such as requesting communications by alternative means or at alternative locations
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

As permitted by federal regulation, excluding a request for a copy of this notice, we require that requests related to those rights listed above be submitted in writing. You may obtain the appropriate form by contacting the Receptionist or Privacy Officer.

We will notify you in writing if we are unable to honor any request pursuant to the rights listed above. Such circumstances are outlined in the federal privacy standards. For example, a request to inspect or copy your health information would be denied if it is determined that releasing that information could cause substantial harm to you or another person.

Duties of Willow Bend Pediatrics

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these

revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Complaints

If you would like to submit a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Privacy Officer
Willow Bend Pediatrics
5940 Communications Parkway
Plano, TX 75093
(972) 403-9355**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You may also send a written complaint to the United States Department of Health and Human Services. The contact information for the United States Department of Health and Human Services is:

**Office for Civil Rights, Region VI
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(214) 767-4056**

You will not be penalized or otherwise subject to retaliation for filing a complaint.

Contact Person

Contact the Privacy Officer at the address and telephone number above to submit comments or to obtain further information about our privacy practices.

Effective Date

This Notice is effective on June 23, 2003.