

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. All disclosures of psychotherapy notes require your written authorization. If you give us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

We may use and disclose medical information to contact you via phone as a reminder that your child has an appointment for treatment.

We may use and disclose medical information about your child to tell you about or recommend treatment options or alternatives or other health-related benefits or services that may be of interest to you.

If you do not object, we may release medical information about your child to a friend, family member or school nurse who is involved in your child's medical care or who assists in taking care of your child. For example, you may ask a babysitter or another family member to take your child to our office for treatment. In this example, the babysitter may have access to your child's medical information, or our office may provide medical information to a grandmother or family member who pays your child's bills.

In addition, we may disclose medical information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status and location.

Under certain circumstances, we may use and disclose medical information about your child for research purposes. We will almost always ask for your specific permission if the researcher will have access to information that reveals who you are, or will be involved in your care.

We will disclose medical information about your child when required to do so by federal, state or local law.

We may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

We may release medical information about your child to your child's employer for workers compensation or similar programs.

We may disclose medical information about your child for public health activities (such as reports of communicable diseases, births and deaths, child abuse or neglect, reactions to medications or problems with products), to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, or to notify the appropriate government authority if we believe your child has been the victim of abuse, neglect or domestic violence.

We may disclose medical information to a health oversight agency for activities such as audits and investigations that are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

If your child is involved in a lawsuit or dispute, we may disclose medical information about your child in response to a subpoena, discovery request or to other lawful process by someone else involved in the dispute, but only if a reasonable effort has been made to tell you about the request or to obtain an order protecting the information requested.

We may release medical information if asked to do so by a law enforcement official: in response to a court order, subpoena, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at this organization; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

We may release medical information about your child to authorized federal, state or local officials for intelligence, counterintelligence and other national security activities authorized by law enforcement official if necessary.

We may use and disclose your child's medical information to obtain payment from third parties that may be responsible for such costs, such as family members, insurance companies.

If you give us a picture of your child, for example, in a Christmas Card, we will hang it on a board within our office where other patients can view it.

Patients can order their healthcare provider not to tell their health insurer about services they elect to pay for out of pocket.

Patients can opt out of receiving information about any fund raising conducted by a healthcare provider.

Providers cannot sell a patient's PHI without his or her explicit authorization.

Providers must notify a patient if a patient's PHI accidentally gets released to the public.

**Tennessee Valley Pediatric
Associates, Inc.**

256.381.6963 fax 256.381.6018



ACKNOWLEDGMENT FOR



Tennessee Valley Pediatric Associates, Inc.

From Infancy To Young Adult
256.381.6963 fax 256.381.6018

"Treating your children as our own"

THIS NOTICE IS EFFECTIVE
SEPTEMBER 23, 2013

This notice will tell you about the ways in which we may use and disclose medical information about your child. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the categories. We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about your child as well as any information we receive in the future. We will post a copy of the current notice in plain view. Each time we revise our notice, we will post it in our office and make it available to you upon request.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about your child for our operations and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for your child. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies your child from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD

You have the right to:

- Request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations, or to someone who is involved in your child's care. For example, you could ask that we not use or disclose information about a procedure your child had. Request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Inspect and copy the medical records we have about your child. If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. Request a list of the disclosures we made of medical information about your child, except for treatment, billing and health care operations, or as a result of your written authorization.

To exercise these rights, make the request in writing. Ask the receptionist for the proper form. We have the right to deny your request in certain limited circumstances.

QUESTIONS AND COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with this organization or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer whose name is posted at the Patient Check-In desk in our office. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Please also contact the Privacy Officer if you need further information

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies your child is kept private;
Give you this notice of our legal duties and privacy practices with respect to medical information about your child;
Make a good faith effort to obtain your acknowledgment that you have received this Notice; and
Follow the terms of the notice that is currently in effect.

FOR TREATMENT: We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, or other personnel in our organization who are involved in taking care of your child. For example, we may need to tell a nurse about your child's condition in order to coordinate the different things your child needs, such as lab work or x-rays. We also may disclose medical information about your child to health care providers outside our organization who are involved in your child's treatment, such as consulting physicians.

FOR PAYMENT: We may use and disclose medical information about your child so that the services your child receives from us or other providers may be billed and payment may be collected from you, a family member or other responsible party, an insurance company or a third party. For example, we may need to give your child's health plan information about treatment your child received, so your child's health plan will pay us or reimburse you for the treatment, or to obtain prior approval or determine whether your plan will cover the treatment.

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

ACKNOWLEDGMENT:

I acknowledge that I have received TN Valley Pediatric Associates, Inc.'s Notice of Privacy Practices, effective September 23, 2013.

Signature of Patient/Parent/Legal Guardian _____ Date _____

Print Parent/Legal Guardian's Name _____ Relationship to the Patient _____

Comments: _____

Health Care Worker