

HIPPA - 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

Uses and Disclosures of Protected Health Information (PHI): Your PHI may be used and disclosed by the physician, our office staff and others outside of our offices that are involved in your care and treatment for the purposes of providing health care services to you, to pay your health care bills, to support the operation of the business, and any other use required by law.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred or are receiving treatment from to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used to obtain payment for your health care services. For example, we may provide PHI to your insurance company to obtain authorization and payment for services rendered. We may contact the Guarantor for your visit in order to obtain payment.

Healthcare Operations: We may use or disclose your PHI in order to support our business activities. These activities include, but are limited to business associates, quality assessment activities, internal investigations, performance reviews, and training employees. In addition, we will use a sign in sheet at the registration desk where you will be asked to provide your name. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI to contact you to remind you of an appointment, to notify you of test results, to inform you of health-related services that may be of interest to you and to check on your treatment, progress and satisfaction with our services.

We may use or disclose your PHI in the following situation without your authorizations: As required by Law, for Public Health issues, Communicable Disease Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, To avert a serious and imminent threat to a person or public, National security, Worker's Compensation, Inmates, and other required uses and disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Resources.

Other permitted and required uses and disclosures, such as for marketing or sale of your PHI to third parties, will be made only with your authorization.

You have the right to inspect and copy your protected information. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in anticipation of or use in, a legal proceeding and PHI that is otherwise prohibited.

You have the right to request restriction of your protected health information: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care operations. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If you have paid for your services in full and ask us not to disclose your visit to your insurance company, we will honor that request. We are not required to agree to any other restriction that you may request and if we believe it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. You then have the right to use another health care professional.

You have the right to receive confidential communications from us by alternative means, or at an alternative location by notifying us in writing.

You have the right to obtain a paper copy of this notice from us, upon request to the Clinic Manager or Administrative Assistant.

You may have the right to ask us to amend your protected health information. If we deny your written request for amendment, you have the right to file a state of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. Your request must be in writing. We are required by law to notify you if your unsecured PHI is breached.

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by contacting our Office Manager at (205) 558-3200. We will not retaliate against you for filing.

Pediatric Nephrology of Alabama, PC reserves the right to change the terms of this notice. Any change will apply to all PHI that we maintain. We post our current policy on our website. You may also get more detailed information about HIPAA from HHS.GOV

I have read and understand the above terms and condition and further understand my right to my Protected Health Information.

Printed Name: _____

Signature: _____

Today's Date: _____

Witnessed by: _____