

HAPPY & HEALTHY PEDIATRICS, P.A.

NOTICE OF PRIVACY POLICIES AND PRACTICES

OUR LEGAL DUTY

This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (PHI). This notice is effective March 1, 2023 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time you visit HAPPY & HEALTHY PEDIATRICS, P.A. a record of your visit is made. This record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning and treatment of care
- Means of communication with other health professional involved in your care
- Legal documents outlining and describing the care you received
- A tool that you, or another payer (insurance company) will use to verify that services billed were provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your records and how your health information is used helps you to ensure its' accuracy, determine what entities have access to your health information and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR 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
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to our 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

OUR RESPONSIBILITIES

Happy & Healthy Pediatrics, P.A. is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and locations

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. We will not use or disclose your health information without your authorization, except as described in this notice.

We will use your health information for 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.

We will use your information for payment. Your health plan may request and receive information on dates of service and the medical condition being treated in order to pay for the services rendered.

We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of Happy & Healthy Pediatrics, PA.

Business Associates. In some instances, we have contracted separate entities to provide services for us. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Examples: Billing service, collection agency, answering service and computer/hardware providers.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, relative, or any other person that is involved in your care or that you have authorized to receive this information. It is your responsibility to inform the practice when you do not want a family member or other individual to have authorization to receive the information.

Research/Teaching/Training. We may use your information for the purpose of research, teaching and training

Healthcare Oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment reminders. The practice may use your information to remind you about upcoming appointments via voicemail or email. If you do not approve or prefer alternative methods please let us know.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific authorization. If you want to revoke that authorization, please put it in writing with an effective date.

If you have any complaints, questions or would like additional information regarding this notice please contact:

**Happy & Healthy Pediatrics, PA
12200 Park Central Drive, #189
Dallas, TX 75251
972/546-5550**

If you believe that your privacy rights have been violated, please file a complaint to:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Rom 509H, HHH Building
Washington, DC 20201**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign this Acknowledgement****

I, _____ have received a copy of Happy & Healthy Pediatrics, PA Notice of Privacy Practices.

Please Print Name

Signature

Date

=====

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

