

Pediatric Partners of Stafford

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.

Uses and Disclosures

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 records 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 service provided, and the medical condition being treated.

Health Care Operations

Your health information may be necessary to support day to day activities and management. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates

We are permitted by law to utilize business associates to carry out treatment, payment, health care operations or functions that may involve the use and disclosure of some of your health information. For example, we may utilize a billing service to handle billing and payment functions.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment with this practice.

Law Enforcement

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting

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.

Other Uses and Disclosures Require Your Authorization

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

Individual Rights

You have certain rights under 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 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

Pediatric Partners of Stafford Duties

We are required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice of privacy practices. We are also 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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the practice's front desk staff or the privacy officer of this practice. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

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

Privacy Officer
Pediatric Partners of Stafford
110 Soaring Eagle Drive
Stafford, VA 22556

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

You will not be penalized or otherwise retaliated for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Privacy Officer
Pediatric Partners of Stafford
110 Soaring Eagle Drive
Stafford, VA 22556

Effective Date: This notice is effective on or after April 30, 2006

