

## Auerbach Pediatrics, LLC

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We are required by law to maintain the privacy of your health information; to provide you this detailed notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of notice that are currently in effect. This notice applies strictly to our office. This notice applies to uses and disclosures of your health information by our physicians and staff in relation to services you receive while at our office. Your health information will be shared among the entities covered by this notice for treatment, management, and payment purposes. As a patient, you have the following rights: to inspect and copy your information, to request corrections, to request information be restricted, to request confidential communications, to request a report of disclosures, and to a paper copy of this notice. This notice contains information about how we will ensure that your information remains private.

### **Our legal duty to protect your health information**

Federal and state laws require us to maintain the privacy of your health information regarding: past, present, current, or future conditions, and payment for health care services. We are still required to obtain written authorization to use or disclose protected health information for reasons other than those listed here or in our booklet.

### **Uses and disclosures for treatment, management, and payment purposes**

We may use and disclose protected health information. For providing treatment: providing you with treatment and coordinating your care and may disclose information to other providers involved in your care. For our purposes, this includes doctors and nurses. For payment: for billing and payment purposes with specified persons, including our billing company and our office staff, as well as third party payers (i.e. your health care insurance provider). For health care operations: management, personnel evaluation, educations and training and to monitor our quality of care. Practice specific examples include: leaving messages on your answering machine, leaving messages at your place of employment, reminding you of appointments, calling you by name when you are in the office, and or utilizing healthcare and technology consultants.

**Except as described in this notice, we will use and disclose your health information only with your written authorization. You may revoke an authorization, after which we will no longer use or disclose your health information, except where we have previously done so.**

### **Specific uses and disclosures without your written authorization**

We may use and disclose your health information to individuals involved in your care or payment for your care; in emergency situations; as required by law; for appointment reminders; to business associates, including our billing agencies; for public health activities; for reporting victims of abuse, neglect, or domestic violence; for health oversight; for judicial and administrative proceedings; for certain law enforcement purposes; for specific research purposes, if approved; for coroners, medical examiners, and organ procurement organizations; to avert serious threats to health or safety; for specific government or national security purposes; in order to comply with workers' compensation programs; to law enforcement officials or correctional institutions; to disaster relief organizations.

### **Your rights regarding your health information**

The following rights are subject to certain requirements and exceptions. You have the right to: request restrictions to our use or disclosure of health information; access your personal health information; request amendments to your health information; request an accounting of disclosures made by us excluding disclosures made pursuant to your authorization; request a paper copy of this notice or our comprehensive booklet; request reasonable confidential communications.

### **Special rules regarding disclosures of psychiatric, substance abuse, and HIV-related information**

Special restrictions and conditions may apply. Except as provided below and as specifically permitted by state or federal law, health information on these issues may not be disclosed without your special authorization. If needed for management in a mental health program, substance abuse program, or for specific treatment or payment purposes, the above information may be disclosed without your special authorization.

### **Complaints and Changes**

You may file a complaint in writing with us or with the Office of Civil Rights, US Department of Health and Human Services. We reserve the right to amend this notice and make revisions or new provisions effective for all health information already received and maintained by us. We will provide you with a copy of the revised notice upon request.

### **Written Acknowledgement of receipt of notice of privacy practices**

"I hereby acknowledge that I have received a copy of this practice's notice of privacy practices. A comprehensive booklet has been made available to me and I have reviewed its contents. I understand that if I have questions or complaints regarding my privacy rights that I may contact the privacy office. I further understand that the practice will offer me updates to this notice should it be modified in any way."

**Patient, Parent, or Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_