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The Growing Place Pediatrics, PLLC Summary of Privacy Notice Effective February 1, 2016

We provide this notice to inform you as to how your health information may be used, disclosed, or accessed by you or other parties. The privacy of your health information is extremely important to us, please read carefully and contact us with any questions or concerns.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We are obliged to follow the privacy practices that are described in this notice as long as it stands in effect.

We reserve the right to change our privacy practices and the terms of our privacy notice at any time within the bounds of applicable law. We additionally reserve the right to make changes in our notice effective for all health information that we maintain, including that which was created or received prior to the change in notice. Any significant changes in our privacy practices will be reported to you and provided in the form of our updated notice.

You may request a copy of this information at any time, and may contact our office with any such requests, related concerns, or questions.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Growing Place Pediatrics, PLLC Authorizations

The health information you provide to The Growing Place Pediatrics, PLLC may be used and disclosed within the following parameters.

General:

Treatment: Information may be shared or disclosed to other healthcare providers such as your treating physician.

Payment: We may use and disclose your health information to request and obtain payment for services provided.

Appointment Reminders: We may use your health information when providing you with appointment reminders (including voice mail messages, text messages, emails, and/or written letters).

Health care operations: We may use and disclose your health information in order to complete health care operations such as quality assessment and improvement activities, reviewing the competency/qualifications of health care professionals, evaluating practitioner performance, conducting training programs, accreditation, certification, licensing, and credential activities.

Extenuating Circumstances:

Abuse or Neglect: Your health information may be shared with appropriate authorities if there is reasonable evidence to suggest you are a possible victim of a crime, including (but not limited to) abuse, neglect, or domestic violence. We may additionally disclose your health information to the extent necessary to avert a serious threat to the health and/or safety of you or others.

Military Personnel and National Security: We may be required to release health information as lawfully required by military command authorities if you are a member of the armed forces. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law. Your medical information may also be released to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

As Required by Law: The Growing Place Pediatrics, PLLC may be required by law to disclose your protected health information to a third party. Some examples of situations where we are required to disclose your health information in this way are court orders, warrant, subpoenas, discovery requests, depositions, and specifically authorizing statutes. The Growing Place Pediatrics, PLLC complies with all federal and state statutes requiring disclosure of your health information.

Your Authorizations

Outside of the above parameters, we cannot otherwise disclose or use your health information for any other purpose without your express written consent. If provided, this consent will authorize further disclosure of your information to any person or entity for any reason that you deem appropriate, and you may revoke it in writing at any time. Your revocation will not negate any use of disclosed information permitted by your authorization while it was in effect. Your authorization is required under the following circumstances:

Family Members and Friends: We may disclose your information to a family member, friend, or other person to the extent necessary to help with your health care or payment for your healthcare with your agreement.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object such uses and disclosures. In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to participate in treatment and/or receive information regarding it as it pertains to you or your child.

Marketing of Health-Related Services: Your authorization is required for us to use your information (including healthcare information, photographs, and personal information) for marketing purposes.

PATIENT RIGHTS

Access: You have the right to inspect and/or obtain a copy of your protected health information, with limited exceptions (i.e. information compiled in anticipation of litigation, practitioner peer reviews, customer service evaluations, business viability analysis that may contain client names, etc.). Requests for copies of your information must be made in writing, and a fee may be associated to cover the cost of complying with your request (including copying, mailing, faxing, etc.).

Disclosure Accounting: You have the right to receive a list of instances from within the 6 years preceding your request in which we or our business associates disclosed your health information outside of those described in "Uses and Disclosures of Health Information" Section. You must make your request in writing. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee responding to these additional requests.

Restriction: You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your health information beyond those reasonably covered by current laws and ethical practice. The Growing Place Pediatrics, PLLC reserves the right to accept or deny requests for these additional restrictions, and will abide by any agreement made relating to them (outside of extenuating circumstances described above).

Alternative Communication: You have the right to request, in writing, that we communicate with you about your health information by alternative means or to alternate locations. Requests must specify the alternative means or location, and provide satisfactory explanation as to why changes may be necessary.

Amendment: You have the right to request that we amend your health information. Requests must be written and include plausible explanation as to why the information must be amended or changed. Amendment requests may be denied as deemed appropriate to the circumstances at the sole discretion of The Growing Place Pediatrics, PLLC.

Copy of Privacy Notices: You may request at any time additional copies of this Privacy Summary Notice.

Questions and Complaints

If at any time you feel your privacy rights have been violated, complaints or concerns may be lodged in writing directly with The Growing Place Pediatrics, PLLC and/or the Secretary of the Department of Human Services. Either party may also be contacted in writing for complaints regarding disagreements or concerns about decisions made to access your health information, amendments/restrictions of the use and disclosure of information, or to requests to communicate via alternative means or at alternative locations.

For additional information, questions, or concerns regarding our privacy practices, please contact us.

We at "The Growing Place Pediatrics, PLLC" fully support your right to privacy regarding health information. You will not be penalized in any way if you choose to file a complaint with us and/or with the U.S. Department of Health and Human Services.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)

Acknowledgement of Receipt of Privacy Policy

Please return this portion to our office.

I, _____, acknowledge by signing below that I have received, read, and understood the privacy policy provided by The Growing Place Pediatrics, PLLC.

Parent or Guardian Signature: _____

Date: _____