

# Panhandle Pediatric Group, P.A.

## 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.**

### **Protecting Your Privacy**

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At our facility privacy is one of our highest priorities.

### **Keeping Your Information**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you when necessary to provide treatment, verify eligibility and obtain authorization about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principals.

### **Working to Meet Your Needs Through Information**

In the course of doing business, we collect and use various types of information, like name, address, and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

Also, in order to remind you of appointments or changes in appointments we may leave a message with someone in your household or answering machine either at home or place of employment. From time to time, we may send information via USMail regarding appointments, follow-up, or other health information.

### **Keeping Information Accurate**

Keeping your health information accurate and up-to-date is very important. IF you believe the health information we have about you is incomplete, inaccurate or not current, please contact the office manager at this clinic. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### **How and Why Information is Shared**

We limit who receives information and what type of information is shared.

- *Sharing information within our organization.* We share information within our company to deliver you the health care services and related information and education programs specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us, such as claim processing and mailing companies that deliver health education and information directly to you. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.

*Other:* Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give us permission.

If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties including government agencies.

Our organization does not share any customer information with third-party marketers who offer their products or services.

### **Count on Our Commitment to Your Privacy**

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it's at our office, over the phone or through the Internet.

**Panhandle Pediatric Group, P.A.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I \_\_\_\_\_ acknowledge that I have received a copy of this practice's Notice of Privacy Practices. This Notice describes how this practice may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

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(Signature of Patient, or Personal Representative)

(Date)

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(Relationship to Patient)