FOCUS PEDIATRICS
WHERE THE FOCUS IS ON YOU
www.focuspeds.com

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HIPAA acknowledgement of receipt of Notice of Privacy Practices

Patient name: _____ Patient DOB: _____

I acknowledge that I have been allowed to review a copy of **Focus Pediatrics, LLC's** Notice of Privacy Practices. This Notice describes how my child's medical information may be used and disclosed, and how I can access this information.

I understand that Focus Pediatrics, LLC has the right to change its Notice of Privacy Practices and that I may obtain a current copy at any time upon request or from the practice's website. I further acknowledge that:

- I have received and reviewed the Notice of Privacy Practices, the latest which is attached here
- I declined a paper copy, but understand I can access it at any time on the website or by request.

Signature: _____ Full name: _____

Date: _____ Patient relationship: _____

Notice of Privacy Practices

This Notice from Focus Pediatrics, LLC describes how health information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

Focus Pediatrics, LLC is committed to protecting your child's health information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices.

HOW WE MAY USE AND DISCLOSE YOUR CHILD'S HEALTH INFORMATION

We may use and disclose PHI for the following purposes without your written permission:

1. Treatment

We may use your child's health information to provide medical care. We may disclose it to other health care providers involved in their care.

2. Payment

We may use and disclose PHI to obtain payment for services, including billing your insurance company.

3. Health Care Operations

We may use and disclose PHI for operational purposes, such as quality assessment, training, and administrative activities.

4. Appointment Reminders and Communication

We may contact you with appointment reminders or other health-related services via phone, voicemail, text, or email.

5. Required or Permitted by Law

We may disclose PHI when required or allowed by federal, state, or local law, such as for public health reporting, abuse or neglect, or law enforcement purposes.

OTHER USES AND DISCLOSURES

We will not use or disclose your child's PHI for any purpose not listed above without your written authorization. If you authorize us to use or disclose PHI, you may revoke that authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH INFORMATION

You have the right to:

- **Inspect and Copy Records:** Request a copy of your child's medical record. A reasonable fee may apply.
- **Request an Amendment:** Ask us to amend your child's medical records if you believe information is incorrect.
- **Request Confidential Communications:** Request that we contact you in a specific way (e.g., only by phone).
- **Request Restrictions:** Ask us not to use or disclose certain health information for treatment, payment, or operations. We are not required to agree but will consider all reasonable requests.
- **Accounting of Disclosures:** Request a list of disclosures we have made of your child's PHI (excluding treatment, payment, operations, and certain other disclosures).
- **Receive a Paper Copy:** You have the right to receive a paper copy of this Notice, even if you received it electronically.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the new terms effective for all PHI we maintain. The revised Notice will be available at our office and on our website.

QUESTIONS OR COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services.

To file a complaint with Focus Pediatrics, LLC, contact:

Privacy Officer
Focus Pediatrics, LLC
Phone: 470-993-6287
Email: pam@focuspeds.com

You will not be penalized for filing a complaint.