

plan or health care clearinghouse for their health care operations if they also have a relationship with you and the disclosure is for their quality assessments or for health care fraud and abuse detection or compliance.

4. Communications. Our practice may use and disclose your health information to discuss your health information and any questions you may have about your health care or payment for health care. We may also contact you as a reminder that you have an appointment. In leaving a message on an answer machine, we will only leave your name, the provider name with which you have an appointment, the time and date. We may at times contact you regarding billing questions and test results. We may periodically send out newsletters regarding health prevention information.

5. Check-in Process. We may use sign-in sheets at certain times. This sheet will only have a place for your name and date. We also may call your name in the waiting area. If you do not wish to sign the sign-in sheet or have your name called, please tell the receptionist and we will make adjustments to meet your request.

6. Release of Information to Family or Others. Our practice may release your health information to a family member, relative, close personal friend, or any other person you identify who is involved in your care or payment for your care. For example, a parent or guardian may give permission to a babysitter or grandmother to bring your child to the office for treatment. In this example, the babysitter may have access to your child's medical information to the extent of the babysitter's involvement with the child's health care.

7. Disclosures to Law Enforcement Officials. Our practice will use and disclose your health information to law enforcement officials as follows:

- reporting of certain types of wounds or physical injuries
- if you are a victim of a crime, but we will obtain your agreement first, if possible.
- concerning a death we believe has resulted from criminal conduct
- regarding criminal conduct at our office,
- or if a member of our workforce is a victim of a criminal act.
- in response to a warrant, summons, court order, subpoena or similar legal process
- limited health information to identify/locate a suspect, material witness, fugitive or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

8. Disclosures Required by Other Law. We will use or disclose your information as required by other federal, state or local law and as limited by the applicable law. For example, Virginia law requires us to provide the person who presents a child for immunization a copy of the immunization records.

9. Public Health Activities. Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying people of recalls of products they may be using
- notifying appropriate government authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

10. Health Oversight Activities. Our practice may disclose your health information to a health oversight agency for activities authorized by law. Examples of oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions and other activities necessary for the oversight of the health care system, government benefit programs, government regulatory programs, or civil rights laws.

11. Deceased Patients. Our practice may release health information to a medical examiner or

coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may also release information as necessary for organ procurement activities.

12. Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Unless otherwise approved by an institutional review board or a privacy board, we will obtain your authorization before using your identifiable information for research purposes.

13. Serious Threats to Health or Safety. Our practice may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or law enforcement official able to help prevent the threat, or where it appears that the individual has escaped from a correctional institution or lawful custody.

14. Military. Our practice may disclose your health information if you are a member of U.S. or foreign military forces and if required by the appropriate authorities.

15. Inmates. Our practice may disclose your health information to correctional institutions, including juvenile detention or law enforcement officials, if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for your health and safety or the safety and security of other individuals.

16. Workers Compensation. Our practice may release your health information for workers compensation and similar programs.

17. Secretary of Health and Human Services. Our practice will release your health information when required to do so by the Secretary of the Department of Health and Human Services or any other officer or employee of DHHS to whom the authority has been delegated.

18. Business Associates. We may disclose your health information to our business associates and may allow our business associates to create or receive your health information on our behalf, if we entered into a Business Associate Contract with the business associate. Examples of our business associates are bill collection services, computer repair and computer services providers, or attorneys.

19. De-identified Information or Limited Data Sets. We may use your health information to create information that is not individually identifiable, or we may disclose your information only to a business associate for such purpose, whether or not the de-identified information will be used by us. Information that has been de-identified is not covered by the requirements of the Standards for Privacy of Individually Identifiable Health Information, 45 C.F. R. Parts 160 and 164. If it becomes re-identified, it will only be used or disclosed as permitted by the Standards. We may also use your health information to create a limited data set, or we may disclose your information to a business associate for such purpose, whether or not the limited data set will be used by us. A limited data set contains a limited amount of identifiable information about you. The limited data set may only be used for the purpose of research, public health, or health care operations and will only be used or disclosed so long as the limited data set recipient has entered into a Data Use Agreement with us.

20. National Security or Heads of State. We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401 et seq.) and implementing authority (e.g., Executive Order 12333). We may also disclose your health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

21. Fundraising. We are permitted to use your demographic information and dates of service for fundraising efforts. We do not typically engage in fundraising efforts, but if we do, we will provide you the opportunity to opt out of our fundraising activities before we use your information.

22. Marketing. We are permitted to make face-to-face marketing communications to you, should we choose to do so.

23. Disaster relief. We may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

24. Judicial proceedings. Our practice may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if proper notice has been given to you by the party seeking your information.

25. Incidental Uses or Disclosures. Sometimes your health information may be disclosed incidental to an otherwise lawful use or disclosure. For example, though members of our workforce are very discreet in discussing your information with you or others for your treatment, occasionally these conversations may be overheard by other workforce members or other patients.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of Georgetown Kids, the information belongs to you. You have the following rights regarding the health information that we maintain about you:

1. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your health information, you must make your request in writing to The Privacy Officer at Georgetown Kids, 3613 Williams Dr, Ste 801, Georgetown, Texas 78628. Your request must describe in a clear and concise fashion: the information you wish restricted;

- whether you are requesting to limit our practices use, disclosure or both; and
- to whom you want the limits to apply.

You may also request an alternative means of communicating with you. For example, you may request we only contact you at work or by mail. We must agree to this request; however, the request must be in writing and must provide a specific means of contact and how payment for your treatment will be handled. You may send such requests to the above address.

2. Inspection and Copies. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes, information compiled in anticipation of litigation, or information subject to the Clinical Laboratories Improvement Act. You must submit your request in writing to: The Privacy Officer at Georgetown Kids, 3613 Williams Dr, Ste 801, Georgetown, Texas 78628. in order to inspect and/or obtain a copy of your health information. We will respond to your request within 15 days. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

3. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to The Privacy Officer at Georgetown Kids, 3613 Williams Dr, Ste 801, Georgetown, Texas 78628. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.

Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. We will respond to your request within 60 days by either amending your health information or by denying the amendment. You may submit a written statement of disagreement to our denial. All requests and responses will be appended or linked to the disputed health information and distributed with the information.

4. Accounting of Disclosures. All of our patients have the right to request an accounting of

disclosures or a list of certain disclosures except for those 1) for treatment, payment or health care operations; 2) to you; 3) those disclosures authorized by you; 4) incident to an otherwise permitted use or disclosure; 5) for our facilities sign-in sheet; 6) to persons involved in your care; 7) for national security or intelligence purposes; 8) as part of a limited data set, 9) to correctional institutions or law enforcement officers having lawful custody of you; 10) that occurred prior to April 14, 2003. Use of your health information is part of the routine patient care in our practice is not required to be documented. For example, a doctor shares information with the nurses; or the billing department uses your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to The Privacy Officer at Georgetown Kids, 3613 Williams Dr, Ste 801, Georgetown, Texas 78628. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. We will respond to your requests within 60 days. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

5. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Medical Record Department at our practice.

OTHER INFORMATION

1. Complaints. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact The Privacy Officer at Georgetown Kids, 3613 Williams Dr, Ste 801, Georgetown, Texas 78628. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

2. Authorizations for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. You may not revoke an authorization to the extent of actions we have already taken in reliance on the authorization. Please note, we are required to retain records of your care.

There is 1 more page, page 6:

Please complete page 6 and bring to your appointment.

Do NOT bring pages 1 - 5.

Georgetown Kids Child's name: _____
3613 Williams Dr, Ste 801
Georgetown, Texas 78628
Date of birth: _____

Patient Consent Form

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can do to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer. You agree you have read pages 1 through 6 of this document, and are in agreement with the terms so stated. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Yes No

- ☐ ☐ You may fax medical information to other health care providers / caregivers / schools
- ☐ ☐ You may bill all claims to my insurance
- ☐ ☐ You may leave a message on my answering machine
- ☐ ☐ You may call my cell phone and leave a message
- ☐ ☐ You may mail information to my home address
- ☐ ☐ You may fax medical information to another location at my request

_____ has my permission to seek medical treatment for my children.

Print Name: _____ Relationship _____

Signature: _____ Date: _____