



Acknowledgement of Premier Pediatrics' Notice of Privacy Practices

Premier Pediatrics is required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 to provide each patient and his/her legal representative with a copy of our Notice of Privacy Practices. We are also required to obtain a signed acknowledgement of receipt from each patient and his/her legal representative. We appreciate your cooperation in signing below to fulfill this requirement.

I, _____, acknowledge receipt of Premier Pediatrics'
(PRINT YOUR NAME)

Notice of Privacy Practices on behalf of

(PRINT THE PATIENT'S NAME)

(SIGNATURE)

(DATE)



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 READ THIS INFORMATION IN ITS ENTIRETY.

TREATMENT: Your information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health care professionals who may provide treatment or who may be consulted by staff members.

PAYMENT: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the service provided and the medical condition being treated. You are required to provide this practice with all insurance coverage information, health, auto and workers compensation (if applicable), or discuss and provide an alternative method of providing payment to this practice.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support the day-to-day activities and management of Premier Pediatrics, LLC. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law-enforcement investigations and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state health department.

INCIDENTAL DISCLOSURE: Certain disclosures may occur incidentally. For example, conversation regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet. Our practice will do its best efforts to limit these disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.

ADDITIONAL USES OF INFORMATION:

APPOINTMENT REMINDERS: Your health information will be used by our staff to send you appointment reminders.

INFORMATION ABOUT TREATMENTS: Your health information may be used to send you information on the treatment and management of your medical condition that you may find of interest. We may also send you information describing other health-related goods and services that may interest or be of benefit to you.

INDIVIDUAL RIGHTS: You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communication concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections of your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Premier Pediatrics, LLC is required by law to maintain the privacy of your protected health information, to abide by the policies and practices outlined in this notice and provide you with a copy of this notice. We reserve the right to change the terms of this privacy notice. We will post notice of revised policies and copies available to all patients upon request. This notice is not intended to create any contract or other right independent of those created in the federal privacy rule.

REQUEST TO INSPECT INFORMATION: As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access by asking our receptionist or contacting the Privacy Officer in writing.

COMPLAINTS: If you would like to submit a comment or complaint about our privacy practices, or suspect violations, you may send a letter to the Privacy Officer, Premier Pediatrics, LLC, 2600 Glasgow Avenue, Suite 213, Newark, DE 19702 outlining your concerns.

Notice effective: 9/15/2009