



Disclosure of Health Information

We use and disclose health information about your child for treatment, payment and healthcare operations. We may disclose your child's information to a health care provider treating him/her. You may give us written authorization to disclose health information to anyone for any purpose. This may be revoked in writing. We need written permission before any health information is disclosed to any caregivers besides the child's legal guardian. In the event of an emergency we will disclose information based on our professional judgment. We may use your child's health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse, neglect or domestic violence we may disclose your child's health information as law requires. We may disclose your child's health information to provide with an appointment or treatment recommendations (such as voicemails, postcards, e-mail or letters).

Patient Rights

Access: You have the right to look at or get copies of your health information. If you request copied we will charge you for each page, for staff time to locate and copy the information, and postage if you would like copies mailed.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of information.

Alternative Communication: You have the right to request that we communicate with you child's health history in alternative means.

Amendments: You have the right to request that we amend your health information. We may deny your request under certain circumstances.

Questions and Concerns

If you are concerned that we may have violated your privacy right, or disagree with a decision we made about access to your health information or in response to a request to amend or restrict the disclosure of health information, you may submit a written letter to the U.S. Department of Health and Human Services. If you have any further questions about our privacy practices please contact Dr. Hill.

Signature: _____ **Date:** _____