



Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

Who Presents this Notice

This notice describes the privacy practices of Trophy Club Pediatrics PA d/b/a Trophy Club Pediatrics (the “Center”) and members of its workforce, as well as the physician members of medical staff and allied health professionals who practice at the Center. The Center and the individual health care providers together are sometimes called “the Center and Health Professionals” in this notice.

Privacy Obligations

The Center and Health Professionals each are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this notice of legal duties and privacy practices with respect to your Protected Health Information. The center and Health Professionals use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. When the Center and Health Professionals use or disclose your “PHI”, the Center and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). Your health information is contained in a medical record that is the physical property of Trophy Club Pediatrics.

How We May Use and Disclose Medical Information About You

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or others who need to know about you to provide quality patient care. This information may be disclosed through information we record in your medical record or verbally between health care providers. We will also provide other medical facilities with information about you and your diagnoses which they will need in order to treat you. For example a doctor treating you for a broken arm may need to know if you have diabetes, because if you do, it may impact your recovery.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about a procedure we performed so we can be paid for the office visit.

For Health Care Operations: We may use and disclose medical information about you for operational purposes. For example, your health information may be disclosed to members of our staff, risk or quality improvement personnel, and others to evaluate the performance of our staff, assess the quality of care, learn how to improve our office and services.

Appointments. We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Relatives, Close Friends and Other Caregiver. Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you who is involved in your health care or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot be practicably be provided because of your incapacity or an emergency circumstance, the Center and/or Health Professionals would disclose only information believed to be directly relevant to the person’s involvement with your health care or payment

related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

Special Situations in Which Your Information May be Released (including in response to Federal State or Local Law)

- for judicial administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence and to assist law enforcement officials in their law enforcement duties;
- if necessary to reduce or prevent a serious threat to your health or safety or the health or safety of another person or the public.
- in response to appropriate military authorities if you are a member of the military (including veterans)

Local Public Health Authorities

- in reporting child or elder abuse and neglect
- in reporting communicable diseases or your potential exposure to such
- in notifying you of recalls of drugs, products or devices you may be using

Deceased Patients

- to a medical examiner or coroner to assist in identifying the cause of death
- to allow funeral directors to do their jobs.

Organ/Tissue donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Research. Your PHI may be used or disclosed without your consent or authorization if an institutional Review Board approves a waiver of authorization for disclosure

As required by law. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of medical device, Fundraising. Your PHI may be used to contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

Electronic Health Information Exchange. Trophy Club Pediatrics participates in an electronic health information exchange. The exchange allows Trophy Club to share health information with other providers and to receive health information from other providers so that you can get better care. You have the right to ask Trophy Club Pediatrics not to share your information through the exchange

We Will Always Get Your Written Authorization Before Releasing or Using Your Information:

- for marketing purposes
- in a manner that would constitute the sale of your protected health information
- in a manner not described in this notice and where required by either Federal or State Law.

Your Health Information Rights

You have a right to:

- Request a restriction on certain uses and disclosures of your information as provided by *45 CFR §164.522*. This may include a limit on medical information we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. We are, however, not required to agree to a requested restriction except in cases where you have paid your bill in full and requested a restriction on releasing your information to a group health plan, insurer, or other payor for purposes of payment or health

care operations. You may request a restriction by completing a form developed by the office, or you can send a written request to the Health Information Services Department of Marietta Memorial Hospital.

- Obtain a paper copy of this notice at any time from the front desk.
- Inspect and obtain a paper copy of your health record and obtain an electronic copy to the extent the office utilizes an electronic medical record. If you desire access to your records, please obtain a record request form from the Clinic and submit the completed form. If you request paper records, you will be charged in accordance with federal and state law. To the extent the request for records includes portions of records which are not in paper form (e.g., x-ray films, CDs), you will be charged the reasonable cost of the copies. You will also be charged for the postage costs, if you request that the copies be mailed to you. However you will not be charged for copies that are requested in order to make or complete an application for federal or state disability benefits program.
- Amend your health record as provided in *45 CFR §164.526*. To request a copy or to amend your information you must make your request in writing and submit the request to the front desk or office address.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke special authorizations to use or disclose health information for certain purposes except to the extent that action has already been taken.
- Request an accounting of all disclosures of your health information when the disclosure has not been pursuant to treatment, payment, operations, or an authorization and, if your information is maintained in an electronic format, request an accounting of any disclosures dating back three years from the date of the request.
- Request a hard copy of your medical information; or an electronic copy in a format requested by you if such format is readily producible.
- Receive a written notification of any inappropriate release or use of your protected health information.

Obligations of Trophy Club Pediatrics

We are required to:

- Maintain the privacy of protected health information.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you of certain breaches or the inappropriate release or use of your information.
- Notify you if we are unable to agree to a requested restriction on how your information is to be used or disclosed.
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.
- Release the minimum amount of your information necessary to accomplish information related functions and de-identify your information to the extent practicable.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

For further information or Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact the Center. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services or online at <http://www.hhs.gov/ocr/office/file/index.html>. Upon request the Center will provide you with the correct address for the Office for Civil Rights of the U.S. Department of Health and Human Services. The Center and Health Professionals will not retaliate against you if you file a complaint with the Center or the Director.

Effective Date: This notice is effective on September 8, 2014

Changes to This Notice

We reserve the right to change our information practices and to make new provisions effective for all protected health information we maintain. At the end of this notice you will be asked to sign that you have received the notice and have had the opportunity to receive a copy. Your signature is requested to help us determine which version of the notice you have received. Revised notices will be posted in the office and in registration areas throughout Memorial Health System. A paper copy will be made available to you upon request.

If you have questions or complaints, please contact:

Trophy Club Pediatrics
 625 Parkview Drive Suite 102
 Trophy Club, Texas 76262
 Phone 1-817-400-1572
 Email coonyeama@trophyclubpediatrics.com

ACKNOWLEDGMENT

<i>Patient's Signature</i>	
<i>Authorized Representative's Signature</i>	
<i>Authorized Representative's Name</i>	
<i>Relationship of Authorized Representative</i>	
<i>Date and Time</i>	
<i>TCP Representative Signature</i>	
<i>TCP Representative Name</i>	
<i>Date and Time</i>	

TCP USE ONLY

Reason acknowledgment was not obtained: