

P.L. PEDIATRICS, PLLC – P.L. AFTER HOURS CLINIC, INC. – P.L. PHYSICIANS, INC.

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 REVIEW IT CAREFULLY

USES AND DISCLOSURES

Treatment. Your health 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 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.

Health care operations. Your health information may be used as necessary to support the day to day activities and management of P.L. Pediatrics, PLLC, P.L. After Hours Clinic, Inc. and P.L. Physicians, Inc. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. We are permitted by law to utilize Business Associates to carry out treatment, payment or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may utilize a billing service to handle billing and payment functions.

Appointment reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for with this practice.

Law enforcement. Your health information may be disclosed to law enforcement agencies 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's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any other purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any uses or disclosures of information that occurred before you notified us of your decision to revoke your authorization.

INDIVIDUAL RIGHTS

You have certain rights under 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 communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to 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

P.L. PEDIATRICS, PLLC – P.L. AFTER HOURS CLINIC, INC. – P.L. PHYSICIANS, INC. DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with a copy of this notice of privacy practices.

PL PEDIATRICS, PLLC – P.L. AFTER HOURS CLINIC, INC. – P.L. PHYSICIANS, INC.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

The practices listed above reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received or have been offered a copy of the Notice of Privacy Practices for the practices listed above.

Date

Signature of Patient Representative
(Required if patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient