

THIS NOTICE IS A SUMMARY OF THE PRIVACY PRACTICES OF CLINICAL PEDIATRIC ASSOCIATES OF NORTH TEXAS (CPANT), HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED OR DISCLOSED AND HOW YOUR RIGHTS CONCERNING THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES

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

Payment: Your child's health information may be used to seek payment from your health plan, from other sources of coverage, such as automobile insurers, 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 services provided, and the medical condition being treated.

Health care operations: Your child's health information may be used as necessary to support the day-to-day activities and management of Clinical Pediatric Associates of Irving and Las Colinas, PA d.b.a. Clinical Pediatric Associates of North Texas(CPANT). For example, information on the services your child received may be used to support budgeting and financial reporting and to evaluate and promote quality for which you may receive surveys via email.

Law enforcement: Your child's 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 departments.

Public health reporting: Your child's health information may be disclosed to government and 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 disclosures: Other uses and disclosures require your authorization. Disclosure of a child's health information or its use for any purpose other than those listed above requires the written authorization of the child's parent or legal guardian. If the parent/guardian changes their mind after authorizing a use or disclosure of the child's information, they may submit a written revocation of the authorization. However, the decision to revoke the authorization will not affect or undo any use of the disclosure of information that occurred prior to the notification of the decision to revoke the authorization.

Written authorization: You may give written authorization to disclose your child's medical information under circumstances that have not been previously disclosed. You may also revoke that authorization in writing at any time. However, CPANT cannot take back any disclosures already made under that authorization.

Appointment reminders: Your child's health information may be used by our staff to send you appointment reminders.

Information about Treatments: Your child's health information may be used to send you information that you may find interesting on the treatment and management of your child's medical condition. CPANT may also send you information describing other health-related products and services that we believe may interest you.

INDIVIDUAL RIGHTS

Restrictions: You have the right to request restrictions on the use and disclosure of your child's protected health information. Although CPANT is permitted to use and disclose medical information for treatment, payment, notification and health care operations; you have the right to request limitations of use and disclosure. Your request must be in writing to CPANT contact person identified in this notice. You must (1) state the information you want to limit,(2) to whom you want the limit to apply (3) the special circumstances that support your request (4) if your request would impact payment, how payment would be handled. CPANT will give every consideration to your request.

Confidential communication: You have the right, in most cases, to request that CPANT communicate your child's medical information to you by a certain method or to a certain location (i.e. address). You must make your request in writing to the CPANT contact person with the method and location desired. Your request must indicate why the usual disclosure methods would endanger your child.

Inspect and copy: In most cases, you have the right to inspect and copy your child's medical information maintained by CPANT. You must make your request in writing to the contact person identified in this notice. Should you be granted access you may be charged a fee for copies of requested documents.

Amending: If you feel the medical information CPANT has about your child is incorrect or incomplete, you may ask to amend the information. You have a right to request an amendment for as long as the information is kept by or for CPANT. You must make your request in writing including the reasons that supports your request to the contact person identified in this notice. If your request is denied, CPANT will give reasons for denial and your appeal rights following denial.

Accounting of disclosures: You have the right to receive an accounting of how and to whom your child's protected health information has been disclosed by CPANT and our its business associates. CPANT does not have to list disclosures for treatment; payment; health care operations; data set for health care operations, research, or public health activities; to you; to individuals involved in child's health care; authorized federal officials for national security; that are incidental with other permissible uses or disclosures; made under your written authorization and certain circumstances to law enforcement officials or health oversight agencies. You must make your request in writing to the contact person identified in this notice. Your request must state the time period during which the disclosure were made. CPANT may charge you a fee for the list of disclosures.

Complaints: If you believe your child's privacy rights have been violated, you may file a written complaint with the CPANT contact person or with the federal government's Department of Health and Human Services. CPANT will not penalize you or retaliate against you in any way if you file a complaint.

Copy of this notice: You have the right to request a paper copy of this notice. You may make your request at any time to the contact person identified in this notice.

CPANT contact person regarding privacy policies: To obtain a copy of the most current Notice, to exercise any of your rights describe in this Notice, or to receive further information about the privacy of your child's medical information, you may contact CPANT's contact person at:

Administration
Clinical Pediatric Associates of North Texas
7200 State Highway 161, Suite 100
Irving, Texas 75039

Department of Health and Human Services: To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, consult the Department's website at www.dhhs.gov/ocd/privacy/hipaa/complaints/index.html or you can contact the Department's Regional Office via regular mail, telephone or fax:

Office of Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
Voice mail: 214.767.4056 FAX: 214.767.0432 TDD: 214.767.8940

Right to revise this Notice: As permitted by law, CPANT reserves the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Effective date:

This notice is effective on or after April 14, 2003

Thank you.

Drs. Brown, Dickey, Tran
Clinical Pediatric Associates of North Texas