Notice of Privacy Practices / HIPAA

Commonwealth Pediatrics
commonwealthpediatrics.com
781-451-0072 | *fax* 781-435-0792

This notice describes how protected medical information about you may be used and disclosed, and how youcan gain access to this information. Please review it carefully and sign either the form or the signature pad.

1. Commonwealth Pediatrics is permitted to make uses and disclosures of protected health information (PHI) for treatment, payment, and health care operations, as described in the following examples:

- **a. For treatment** Providing information to a specialist we've referred you to
- **b. For payment** Sending or receiving information to/from your health insurance carrier
- **c. For health care operations review** Including medical, legal, fraud, and abuse

2. Commonwealth Pediatrics is permitted or required, under specific circumstances, to use of disclose protected health information (PHI) without the individual's written authorization.
3. Other uses and disclosures will be made only with the individual's written authorization and the individual may revoke such authorization.
4. Commonwealth Pediatrics intends to engage in (n)one or more of the following activities:

- **a.** Commonwealth Pediatrics may contact the individual to provide appointment reminders on information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
- **b.** Commonwealth Pediatrics may contact the individual to serve as a source of data for medical research.
- **c.** Commonwealth Pediatrics may contact the individual to serve as a source of information for public health officials charged with improving the health of the nation.

5. The individual has the following rights regarding protected health information (PHI):

- **a.** The right to request restrictions on certain uses and disclosures of protected health information. Commonwealth Pediatrics is not required to agree to a requested restriction, however.
- **b.** The right to receive confidential communications of protected health information, as applicable.
- **c.** The right to inspect and copy protected health information, as provided in the Privacy Regulation 45 CFR 1664.524.
- **d.** The right to amend protected health information as provided in the Privacy Regulation 45 CFR 164.528.
- **e.** The right to receive an accounting of disclosures of protected health information.
- **f.** The right to obtain a paper copy of this notice from the covered entity upon request. This right extends to an individual who has agreed to receive the notice electronically.

6. Commonwealth Pediatrics is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
7. Commonwealth Pediatrics is required to abide by the terms of the notice currently in effect.
8. Commonwealth Pediatrics reserves the right to change the terms of this notice. The new notice provisions will be effective for all protected health information that it maintains.
9. Commonwealth Pediatrics will provide individuals or the patient with a revised notice by distribution at the next visit after revisions occur.
10. If they believe their privacy rights have been violated, individuals may complain to Commonwealth Pediatrics and to the Secretary of the Department of Health & Human Services, without fear retaliation by the organization. A brief description of how the individual may file a complaint follows: in writing, outlining the source, date, & reason.
11. Commonwealth Pediatrics' contact person for matters relating to complaints is: Practice Administrator, Commonwealth Pediatrics, 92 Montvale Ave. #4200, Stoneham, MA 02180
    Phone: 781-451-0072, Fax 781-435-0792
12. This notice is first in effect on March 13, 2018.
13. Commonwealth Pediatrics elects to limit the uses of disclosures that it is permitted to make, as follows: We will not use or disclose your health information without your authorization except as described in this notice.

I hereby acknowledge that I have received a copy of Commonwealth Pediatrics' Notice of Privacy Practices (HIPAA).

Patient name: _____

Date of birth: _____

Patient signature (if over 18): _____

Patient's parent/guardian name:

_____

Patient's parent/guardian signature:

_____

Additional patients in family

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____