

Harlingen Pediatrics Associates

PRIVACY NOTICE

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.

- ✓ Your medical information may be disclosed to other medical providers for the purpose of providing you with a continuum of quality healthcare.
- ✓ Your medical information may be disclosed to your insurance provider for the purpose of receiving payment for providing you with healthcare services.
- ✓ Your medical information may be disclosed to public officials or law enforcement agencies in an investigation in which you are a victim of abuse, a crime or domestic violence.
- ✓ Your medical information may be disclosed to other medical professionals in the case of medical emergency.
- ✓ Your medical information may be disclosed to public health organizations or federal organizations in the matter of communicable diseases, defective devices, or a food or medication reaction.
- ✓ Your medical information cannot be disclosed for purposes other than those, which are outlined in this notice.
- ✓ Your medical information may only be disclosed after receiving written authorization from you. You have the right to revoke your permission to disclose confidential medical information at any time.
- ✓ You may be contacted by office personnel to remind you of appointments, medical treatment options or other health services that may be of interest to you. Messages related to follow-up appointments may be left on an answering machine or with the individual answering the telephone.
- ✓ You have the right to restrict the use and disclosure of your confidential medical information to family members, friends, or others involved in your healthcare or payment of health care services. However, the physician office may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of a medical emergency.
- ✓ You have the right to receive confidential communication about your medical status.
- ✓ You have the right to review and request a copy of any and/or all portions of your medical information.
- ✓ You have the right to request changes be made to your medical information.
- ✓ You have the right to know who has obtained your medical information and for what reason.
- ✓ You have the right to have a copy of the Privacy Notice upon request.
- ✓ The physician office is required by law to protect the privacy of its patients.
- ✓ The physician office will abide by the terms of this notice. We reserve the right to make changes to this notice and continue to maintain the confidentiality of all medical information.
- ✓ You have the right to complain to the Privacy Officer of this office and to the Secretary of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

ATT: Privacy Officer • Harlingen Pediatrics Associates • 321 S. 21st Street • Harlingen, Texas 78550 • www.myhpa.org

All complaints will be investigated. No personal issue will be raised for filing a complaint with the physician office. For further information about this Privacy Notice, please contact the Privacy Officer at (956) 425-8761

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient