



HIPAA Notice of Privacy Practices

Aquarius Pediatrics is committed to protecting your personal medical information. Your medical record contains your history, physical, lab results, treatment plan and billing record. We are required by law to maintain privacy and security of your protected health information. There are certain instances that we are allowed or required to share your information. Some examples are listed below (but are not limited to the following):

For Treatment- We may use and disclose your health information with specialist or referring physicians to help coordinate your health care.

For Payment- We can use and share your health information to bill and get payment from health plans or other entities.

For Health Care Operations- We can use and share your health information to run our practice, improve your care and contact you when necessary.

As Required by Law- We will share information about you if state or federal laws require

Public Health Activities- We can share health information for certain situations such as preventing disease, to help with product recall, report adverse reactions to medications, report suspected abuse, neglect or domestic violence, prevent or reduce a serious threat to anyone's health or safety.

Organ and Tissue Request- We can share health information about you with organ procurement organizations.

Medical Examiner- We can share health information with a coroner, medical examiner or funeral director when some individual dies.

Workers Compensation/Law enforcement or other government request- We can use or share your health information for workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions- We can share your health information in response to a court or administrative order, or in response to subpoena.

Research- We can share and use your health information for health research.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices in this notice and give you a copy of it. If you tell us we can in writing, we may share your health information other than as described above. Let us know in writing if you change your mind.

Disclosures requiring Authorization- Aquarius Pediatrics will never share your information for marketing purposes or sale of your information. We will obtain written permission before sharing your information for

these purposes.

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information, i.e. which family members or close friends or others involved in your care. Inform us of your preference.

Your Rights:

Right to inspect and Copy- You can ask to see or get a copy of your medical record and or health information. Aquarius Pediatrics may charge a fee established by the Texas Medical Board for the costs of copying your health record. We will provide you a copy within 30 days of your request.

You can ask Aquarius Pediatrics to amend your health information if you feel your record is incomplete or incorrect. Your request for an amendment must be in writing stating why you are asking for a request.

Aquarius Pediatrics has the right to deny this request. We will provide you a written explanation of the decision within 60 days.

Right to request Confidential Communications- You can ask for specific ways to contact you (i.e. home or office phone) or send mail to a different address. Aquarius Pediatrics will agree to all reasonable requests. You must specify how and where you wish to be contacted. If additional costs are incurred, they may be passed onto you.

Right to Request Restrictions- You can ask Aquarius Pediatrics NOT to share certain health information for treatment, payment or our operations. Aquarius Pediatrics is not required to agree to your request and we may say “no” if it would affect your care. If you pay for a service “out of pocket” in full, you can ask us not to share that information for payment or our operations with your health insurer.

Right to Account Disclosures- You can ask for a list (accounting) of the times at Aquarius Pediatrics shared your health information. You must request a time, no longer than 6 years prior. The first request within a 12 Month period will be free. For additional lists within the 12 Month period, you will be charged the cost of providing the list.

Right to Receive a Copy of this Document- You have the right to obtain a paper copy of this notice upon request.

Complaints- If you feel your privacy rights have been violated, you may file a complaint with Aquarius Pediatrics or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 1-877-696-6775. You can also visit www.gov/ocr/privacy/hippaa/complaints/.

You will not be penalized for filing a complaint.

Childs Name: _____

Parent/ Guardian Signature: _____

Date: _____