

Lexington Pediatrics, P.C.

Pediatric and Adolescent Medicine

NOTICE OF PRIVACY PRACTICES

This Notice describes how protected medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

1. *Lexington Pediatrics, PC* is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

- a. For treatment – PROVIDING INFORMATION TO A SPECIALIST WE HAVE REFERRED YOU TO,
- b. For payment – SENDING OR RESPONDING WITH YOUR HEALTH INSURANCE CARRIER,
- c. For health care operations – OPERATIONS REVIEW: MEDICAL, LEGAL, FRAUD & ABUSE.

2. *Lexington Pediatrics, PC* is permitted or required, under specific circumstances, to use or disclose protected health information 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. *Lexington Pediatrics, PC* intends to engage in (n)one or more of the following activities:

- a. *Lexington Pediatrics, PC* may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may of interest to the individual or patient.
- b. *Lexington Pediatrics, PC* may contact the individual to serve as source of data for medical research.
- c. *Lexington Pediatrics, PC* may contact the individual to serve as 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:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. *Lexington Pediatrics, PC* 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 by the Privacy Regulation 45 CFR 1664.524.
 - d. The right to amend protected health information, as provided in the Privacy Regulation 45 CFR 1664.528.
 - e. The right to receive and accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of this Notice from the covered entity upon request. The right extends to an individual who has agreed to receive the Notice electronically.
6. *Lexington Pediatrics, PC* 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. *Lexington Pediatrics, PC* is required to abide by the terms of the Notice currently in effect.
8. *Lexington Pediatrics, PC* 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. *Lexington Pediatrics, PC* will provide individual or patients with a revised Notice by MAIL OR DISTRIBUTION AT THE NEXT VISIT AFTER REVISIONS.
10. Individuals may complain to *Lexington Pediatrics, PC* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: IN WRITING, OUTLINING THE SOURCE, DATE AND REASON.
11. *Lexington Pediatrics, PC's* contact person for matters relating to complaints is:

David Tosatti, MHA
Practice Administrator
(781) 862-4110
19 Muzzey Street
Lexington, MA 02421
12. This Notice is first in effect on April 14, 2003.

13. *Lexington Pediatrics, PC* elects to limit the uses or disclosures that it is permitted to make as follows: We will not disclose your health information without your authorization, except as described in this Notice.

I hereby acknowledge that I have received a copy of *Lexington Pediatrics, PC's* Notice of Privacy Practices.

Patient Name

Individual/Guardian Signature

Date

Printed Name

Additional Patient Name(s)

Additional Patient Name(s)

Additional Patient Name(s)
