

## OUR PLEDGE TO YOU

We must keep your health information private. We record care and services you receive each time you visit our office. We need this record to provide you with quality care and to comply with legal requirements.

We must give you this Notice about the law and how we can use and share your health information and what your rights are.

## HOW WE MAY USE AND SHARE INFORMATION

With the written consent of a parent, guardian or minors living on their own, we share private health information for the following reasons:

- **For Treatment:** We may disclose health information to doctors, nurses, technicians, students, residents, other healthcare providers, hospitals or home health agencies in order to get children the care they need.
- **For Payment:** So that treatment and services you receive from us may be billed and payment collected. We may need to tell your health plan about a treatment in order to obtain prior approval or determine if your health plan will cover the treatment.
- **Health Care Operations:** To make sure your child and others get quality care and comprehensive services. Ex: phone calls to follow up on health status; granting medical staff privileges to physicians; complaints; health education.
- **Business Associates:** We may contract with accreditation agencies, management consultants, billing and collections, accountants to provide services on your behalf. Business associates sign a written agreement to protect your health information.

- **Appointment Reminders**
- **Treatment Alternatives-** we may discover a treatment that may be of interest to you.
- **For legal cases,** such as in response to a court order.
- **When required by law,** such as reporting abuse or neglect, or for workers' compensation.
- **In appeals of decisions about health care claims** paid or denied by your insurance.
- **To the federal government** when it is checking on how we are meeting privacy laws.
- **To gather information which can no longer be traced** back to the child.
- **We will obey laws protecting information about HIV/AIDS status,** mental health treatment, developmental disabilities and drug and alcohol services.
- **If we want to use childrens' health information in a way not listed,** we must get written permission from the parent, guardian or children living on their own; you may change your mind in writing at any time.
- **Individuals Involved in the child's Care or Payment of Care:** Unless you specifically tell us in advance not to do so, we may disclose health information about your child to a friend or family member who is involved in your child's care or who helps pay for the care.

**IF YOU HAVE MEDI-CAL, THE LAW MAY NOT ALLOW SHARING SOME OF THE INFORMATION LISTED ABOVE. MEDI-CAL RULES STATE INFORMATION CAN ONLY BE USED OR SHARED FOR REASONS CONNECTED WITH THE OPERATION OF THE MEDI-CAL PROGRAM.**

## PRIVACY RIGHTS UNDER THE LAW

- **Restrictions:** You have the right to ask us not to use or share the child's personal health care information in the ways listed. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your child's care or the payment for care, such as a family member or friend. **We are not required to agree to your request.** If we agree to not use or share information we will comply unless the information is needed to provide emergency treatment. Request for restrictions by you must be in writing to your provider in our medical group. In the request you must tell us:
  1. What information you want to limit.
  2. Whether you want limit our use or disclosure (or both).
  3. To whom you want the limits to apply (for ex. Disclosures to a grandparent.)
- **Right to obtain a paper copy of this Notice of Privacy Practices.** You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact anyone in the medical group.
- **Inspect and request a copy of your child's health record** (for a fee if for private use, free if being forwarded to another physician ) You must fill out and sign a Release of Medical Records .
- **Request an amendment to your health record** if you feel the information is incorrect or incomplete. The request must be in writing. We may deny your request if information was not created by this medical group unless whoever created the information is no longer available.

- If your request is not part of the information kept by or for our facility.
- If it is not part of the information which you would be permitted to inspect and copy.
- If we deny your request for an amendment, you have the right to submit a written statement of disagreement with respect to any item or statement that you believe is incomplete or incorrect. We will include your written statement in the records if you request it in writing.
- **Obtaining an accounting of disclosure of your health information:** You have the right to request a list in writing of the times we have given out the child's health information. The list will tell you with whom we shared information, when, for what reason, and what information was shared. .

**MINORS AND PERSONAL REPRESENTATIVES**

**In most situations, parents, guardians and/or others with legal responsibilities for minors, under 18, may exercise the rights described in this Notice on behalf of the minor. However, there are situations in which minors independently may exercise the rights described in this Notice. Upon request, we will provide you with additional information on minor's rights under state law.**

**CHANGES TO NOTICE OF PRIVACY PRACTICES**

All medical practices must obey Notice of Privacy Practices beginning April 14, 2003. We have the right to change our privacy practices brochure.

**San Diego Pediatrics  
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**NOTICE  
of  
PRIVACY  
PRACTICES**

**Effective April 14, 2003**



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**Sandiegopediatrics.com**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**PLEASE REVIEW  
CAREFULLY**