



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. *Prosper Pediatrics* is permitted make use and disclosures of protected health information health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment -- Providing information to a specialist regarding your child's care.
 - b. For payment -- Providing information to your health insurer.
2. *Prosper Pediatrics* is permitted or required under federal law, 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 at any time.
4. *Prosper Pediatrics* intends to engage in one or more of the following activities:
 - a. *Prosper Pediatrics* may contact the individual to provide appointment reminders or information about diagnostic tests or treatments.
 - b. *Prosper Pediatrics* may contact the individual to serve as a source of information for public health officials.
5. The individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of health information. *Prosper 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 by the Privacy Regulation 45 CFR 1664.524
 - d. The right to amend health information, as provided by the Privacy Regulation 45 CFR 1664.524
 - 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.



- g. The right to restrict disclosure of PHI to a health plan if the disclosure is for payment or healthcare operations AND pertains to a healthcare item or service for which the patient has paid out of pocket in full.
 - h. The right to receive electronic copies of PHI for the PHI that is maintained by the practice electronically either in the electronic form or in a format requested by the patient (if such format is readily producible). If the requested format is not readily available, Prosper Pediatrics must offer at least one readable electronic format. If the patient and practice cannot agree on a format, a readable hard copy of the record must be provided. Prosper Pediatrics is not required to purchase software or hardware to accommodate patients' requests.
 - i. A right to (or will receive) notifications when there has been a breach of unsecured PHI.
6. *Prosper 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. *Prosper Pediatrics* is required to abide by the terms of this Notice currently in effect.
 8. *Prosper Pediatrics* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all PHI that it maintains.
 9. *Prosper Pediatrics* will provide individual or patients with a revised Notice by mail or distribution at the next visit.
 10. Individuals may complain to *Prosper Pediatrics* 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.
 11. Individuals who believe that their PHI has been compromised may contact the person below to address this concern:

Scott Chowning, M.D.
Prosper Pediatrics
1000 N Preston Road
Suite 20
Prosper, TX 75078

I hereby acknowledge that I have received a copy of the *Prosper Pediatrics* Notice of Privacy Practices.



Parent or Guardian Name (Printed)

Parent or Guardian Signature

Date

Patient Name

Additional Patient Name(s)

Additional Patient Name(s)

Additional Patient Name(s)

Additional Patient Name(s)