

**PATIENT PRIVACY NOTICE HIPAA**

1. Communication. You can request that our practice communicate with you about the health of your children and related issues in a particular manner or a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of health information pertaining to your children with regard to treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your children's health information to only certain individuals involved in their care or the payment of their care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to provide treatment.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your children including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to [contact@thepediatricgroupbh.com](mailto:contact@thepediatricgroupbh.com) Please fax requests to 310/273-8358 or mail to Beth Sosnow c/o The Pediatric Group, 250 N. Robertson Blvd., Beverly Hills, CA 90211.
4. You may ask us to amend your children's health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, submit a written request to Beth Sosnow as described in #3. You must provide us with a reason to support the request.
5. Right to copy this Notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of the Notice at any time. To obtain a copy, ask any staff member.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of The Department of Health and Human Services. To file a complaint with our practice contact Beth Sosnow as described in #3.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for other uses and disclosures that are not identified by the Notice or permitted by applicable law.

If you have questions regarding this Notice or our health information privacy policies, please contact Melissa Tatum at 310/273-9533.

I hereby acknowledge that I have been presented with a copy of the Notice or Privacy Practices for The Pediatric Group, Inc. This group includes, but is not limited to, Drs. Gerald Whitman, Rachel Kramer, Monique Araya, Emily Barber and Jacob Gindi

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Signature

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Date