

# **RIVERTOWN PEDIATRICS**

## **NOTICE OF PRIVACY PRACTICES**

### **PATIENT ACKNOWLEDGEMENT OF RECEIPT**

This Notice describes how medical information about you and your child may be used and disclosed, and how you can access this information. Please review it carefully.

Rivertown Pediatrics is committed to protecting the privacy of your child's protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and state laws. PHI includes information that identifies your child and relates to past, present, or future physical or mental health care.

#### **Uses and Disclosures of Health Information**

We may use and disclose PHI without authorization for treatment, payment, and health care operations. This includes coordination with insurance plans, Medicaid Managed Care Organizations, referrals, care coordination, quality improvement activities, and electronic health record (EHR) operations. We may also communicate via patient portal, telephone, text message, email, or telehealth platforms when appropriate and permitted by law.

We may also disclose PHI when required by law, for public health and safety activities, reporting abuse or neglect, or to comply with legal proceedings. Other uses or disclosures require written authorization.

#### **Your Rights**

You have the right to inspect and obtain a copy of medical records, request amendments, request restrictions on certain uses, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice upon request.

#### **Our Responsibilities**

Rivertown Pediatrics is required by law to maintain the privacy of PHI, provide this Notice, and comply with its terms. We reserve the right to revise this Notice and make the revised version effective for all PHI we maintain. The most current Notice will be available in our office and on our website.

#### **Questions or Complaints**

If you have questions or believe your privacy rights have been violated, you may contact Rivertown Pediatrics directly. You also have the right to file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

#### **Patient / Parent / Guardian Acknowledgement**

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|--------------------------|----------------|
| Patient Name:            | Date of Birth: |
| Parent / Guardian Name:  |                |
| Signature:               | Date:          |
| Relationship to Patient: |                |