



HIPAA PRIVACY PRACTICES

This is a summary of how we use and disclose your Protected Health Information. Please read the full Notice of Privacy Practices available on our website or request a copy to be mailed to you, prior to signing this form.

- A. We have a legal duty to protect health information about you.
- B. We may use and disclose Protected Health Information or "PHI" about you in the following circumstances: **see full Notice of Privacy Practices for examples**
 - 1. We may use and disclose PHI about you to provide health care treatment to you.
 - 2. We may use and disclose PHI about you to obtain payment for services.
 - 3. We may use and disclose your PHI for health care operations.
 - 4. We may use and disclose PHI under other circumstances without your authorization, such as when required by law or for public health activities.
 - 5. You can object to certain uses and disclosures.
 - 6. We may contact you to provide appointment reminders by voice message, text or email.
 - 7. We may contact you with information about treatment, services, products or health care providers.
- Any other use or disclosure of PHI about you requires your written authorization.
- C. You have several rights regarding PHI about you.
 - 1. You have the right to request restrictions on uses and disclosures of PHI about you.
 - 2. You have the right to request different ways to communicate with you.
 - 3. You have the right to see and copy PHI about you.
 - 4. You have the right to request amendment of PHI about you.
 - 5. You have the right to a listing of disclosures we have made.
 - 6. You have a right to a copy of this notice.
- D. You may file a complaint about our privacy practices.
- E. A copy of the full description of Beacon Pediatrics' privacy practices has been made available to me. I understand my rights and how my protected health information can be used by Beacon Pediatrics.
- F. For additional information regarding privacy practices, contact the Practice Manager.

This Notice of Privacy Practices is effective as of today's date: _____

Patient's Name: _____

Patient/Parent/Guardian Signature: _____