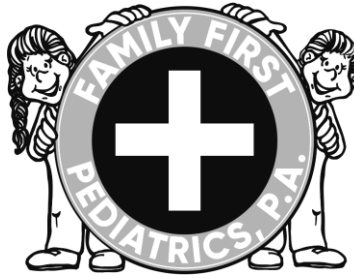


18603 Champion Forest Dr.
Spring, Texas 77379
281-374-8882



Tad Shirley, MD, FAAP
Danielle Lalanne, CPNP-PC

Privacy Policies

Family First Pediatrics strives to exceed all regulations pertaining to patient records. Our office complies with the regulations dictated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This office complies with+ all privacy rules that provide open access of medical records to their respective patients and the protection of those records from non-patient parties. We may disclose your child's records only for the following reasons: 1) Treatment, to provide, coordinate and manage care. 2) Payment (to get paid for our services) 3) Health care operation - quality evaluation, audit of records, cost analysis, customer service. Our practice may share information to others by removing all the information that may identify your child. We may contact you to schedule office visits, inform you of test results, or health education. We may take a picture of your child with your verbal permission for educational services or to follow up on a clinical condition.

Rights of the patients:

- 1) The right to access their medical records.
- 2) The right to request amendments to their medical records approved by the physician, in a timely manner.
- 3) The right to receive an accounting of the disclosures made by our medical facility to another facility and getting permission beforehand from the patient to do so.
- 4) Protection of patient information whether written or verbal.
- 5) Trained personnel who handle patient information properly and with respect.

We know that your treatment here is your main focus, and we want to make sure you have one less thing to worry about and that is your medical records. Thank you for choosing us as your clinic. If you have any questions, please ask one of our clinic staff.

I have read the above statement and understand my general rights as outlined above. If I have further questions, I will ask to speak to a staff member. I also acknowledge that I was provided a summary of the notice of privacy practices and was offered a full copy if I desired to receive it.

Signature of parent/guardian: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____