

To Our Patients:

Beginning April 14, 2003 the Federal Government requires all healthcare entities to have in place policies to protect patients' health information (i.e. your medical records) known as HIPPA Standards. To that end, we ask that you look over our Summary of Notice of Privacy Practices or the entire Notice of Privacy Practices if you request it.

We also ask that each patient (or legal surrogate) sign a Written Acknowledgment which creates a record that you have been offered or received the Notice. The acknowledgment will only have to be signed at your first visit after this date. Linda Rose is our Privacy Officer and can call you to answer any questions related to these new standards at your convenience.

We thank you for your cooperation with this procedure and know that it will further ensure the privacy of your records.

Huguenot Pediatrics

Summary of Notice of Privacy Practices

THIS NOTICE SUMMARIZES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about the Notice, please contact our Privacy Officer: Linda Rose at 804/794-2299

1. Purpose

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at Huguenot Pediatrics in order to provide you with quality care and to comply with certain legal requirements. This Summary of our Notice of Privacy Practices gives an overview of how we may use and disclose medical information about you. We are required to abide by the terms of the full Notice of Privacy Practices.

2. Written Acknowledgement

You will be asked to sign a written statement acknowledging that you have been offered or received a copy of the Notice. The acknowledgement only serves to create a record that you have been offered or received a copy of the Notice.

3. Changes to this Notice

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

4. How We May Use and Disclose Medical Information about You

Huguenot Pediatrics may use and disclose your medical information: **for your treatment, to obtain payment for our services, for our health care operations, for the health care operations of other health care providers, for appointment reminders, to provide you with treatment alternatives, to our business associates or others involved in your health care, as required by law for public health activities, as required by the Food and Drug Administration, as required for communicable disease exposure, to your employer concerning a work related injury or illness, for abuse or neglect reporting, for health oversight, in legal proceedings, for law enforcement requirements, to coroners, to funeral directors, for organ donation purposes, for research, for requirements due to criminal activity, for workers' compensation, and for any other required uses and disclosures.**

5. Your Rights

You have the right to inspect and copy your medical information. You have the right to request a restriction of your medical information. You have the right to request that we accommodate you in communicating confidential medical information. You may have the right to ask us to amend your medical information. You have the right to receive an accounting of certain disclosures we have made, if any, of your medical information. You have the right to obtain a paper copy of this notice from us.

6. Complaints

You may file a complaint with us by notifying our Privacy Officer of your complaint. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services.

7. Privacy Contact. Linda Rose 804/794-2299

8. Effective Date. The notice was published and becomes effective on April 14, 2003.

Written Acknowledgement

Our Notice of Privacy Practices provides information about how we may use and disclose medical information. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, _____ (Please print patients name) have been offered or provided a copy of Huguenot Pediatrics Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to Huguenot Pediatrics if I do not understand any information contained in the Notice of Privacy Practices.

Patient of Legal Surrogate

Date