



## LATOUCHE PEDIATRICS, LLC

### HIPAA PRIVACY POLICY

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

A copy of this notice will be made available for you to read, sign, and have entered into your child's electronic chart.

#### **Your Child's Health Record/Information**

Your child's healthcare record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information serves as a:

- basis for planning your child's care and treatment
- means for communicating with other health professionals who may contribute to your child's care.
- legal document describing the care your child received
- means by which you or a third-party payer can verify that services billed were actually provided
- source of information for public health officials charged with improving the health of the nation
- source of data only for our planning and marketing
- tool by which we may assess our processes and continually work to improve the care we render

#### **Your Rights Regarding Your Child's Health Record/Information**

Although your child's health record is the physical property of the healthcare facility that compiled it, the information belongs to you and your child. You have the right to:

- request a restriction on certain uses and disclosures of the information as provided by
- 45 CFR 164.522
- obtain a paper copy of the notice of the office privacy policy upon request
- inspect and copy the health record as provided for in 45 CFR 164.524
- amend the health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your child's health information as provided in
- 45 CFR 164.528
- request communications of your child's health information by alternative means or at alternative locations. (i.e. on paper, in person, on CD, and at any of our office locations)
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

#### **Our Responsibilities**

LaTouche Pediatrics, LLC is required to:

- Maintain the privacy of your child's health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make available a revised notice on our website and printed copies at our office locations.

We will not use or disclose your child’s health information without your authorization, except as described in this notice.

LaTouche Pediatrics LLC is permitted to make uses and disclosures of protected health information for treatment, payment, and health care operations, as described in the following examples:

- For treatment - referral to specialists
- For payment - release of chart note copies to an insurance company in order to facilitate reimbursement for procedures performed
- For health care operations – processing of patient information by staff into the Electronic Medical Records, appointment scheduling by our staff.
- LaTouche Pediatrics, LLC may be permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization such as in the case of a Public Health emergency.

If a use or disclosure for any purpose prescribed in the Privacy Regulation is prohibited or materially limited by other applicable State law, we are required to comply with the most stringent law.

Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization

Latouche Pediatrics, LLC may contact the parent or guardian to provide appointment reminders or information about treatment alternatives and other health-related benefits and services that may be of interest to the individual or patient. Authorization forms are available if you wish for this information to be released to anyone other than the parent, guardian or patient.

LaTouche Pediatrics, LLC requires a signed authorization for someone other than the parent or guardian to accompany a patient under 18 years of age for treatment in our facilities.

**For More Information or to Report a Problem**

Individuals may complain to LaTouche Pediatrics, LLC, and/or to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated.

**LaTouche Pediatrics, LLC's contact person for matters relating to complaints is:**

Chad Jensen, Office Manager/Privacy Officer  
3340 Providence Dr., Ste 452, Anchorage, AK 99508  
Phone: (907) 562-2120

**I have read and understand this Privacy Policy:**

X \_\_\_\_\_  
 Signature of Parent or Responsible Party                      Relationship to Patient                      Date

Patient Name: \_\_\_\_\_ Account Number: \_\_\_\_\_