



NOTICE OF PRIVACY PRACTICES (HIPPA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

DV PEDIATRICS DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, DV Pediatrics has certain duties related to your protected health information, including:

- DV Pediatrics is required to maintain the privacy of protected health information.
- DV Pediatrics is required to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- DV Pediatrics is required to abide by the terms of the privacy notice that is currently in effect.
- DV Pediatrics reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

USES AND DISCLOSURE OF HEALTH INFORMATION

TREATMENT. DV Pediatrics may use and disclose your protected health information for treatment and to provide you with treatment related health care services. For example, we may share test results with other health care providers outside of our office for confirmation of a diagnosis.

PAYMENT. DV Pediatrics may use and disclose your protected health information so that others or we may bill or receive payment from you, an insurance company, or a third party for the treatment and services we provide. For example, we may give information to your health plan so that they will pay for your treatment.

HEALTH CARE OPERATIONS. DV Pediatrics may use and disclose your protected health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or your health plan that is evaluating our care.

OTHER USES AND DISCLOSURES. DV Pediatrics may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health;
- Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.);
- Compliance with all laws (including reports of suspected abuse, neglect or violence);
- Providing certain specified information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization;
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies;
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process;
- Research activities;

- When necessary to avert a serious threat to health or safety;
- Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities;
- Providing information regarding your location, general condition or death to public or private disaster relief agencies; or
- Informing a family member, other relative, or close personal friend when: Information is relevant to the individual's involvement with your care;
- Notification of your location, general condition or death;
- To assist in your health care (e.g., pick-up prescriptions or other documents, note follow-up care instructions, etc.).

AUTHORIZATION FOR OTHER USES. DV Pediatrics will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

CELL PHONE AND AUDIO/VIDEO RECORDING POLICY

When you step into our office, your child's healthcare is our number one priority. That is why we ask that you please refrain from using your cell phone once you enter the office and for the remainder of the visit. If you must take a call, or have an important call to make, please step outside to do so.

Parent agrees to turn off all cellular phones/equipment upon entering the clinical area and in exam rooms. Use of cellular equipment interferes with wireless technology utilized within the office. The doctor/medical provider reserves the right to terminate the interaction if parent/patient uses their cell phone.

No audio or video recording of any kind for any reason is allowed in the office.

BEHAVIOR

DV Pediatrics has a zero tolerance policy against aggressive behavior, unreasonable expectations, bullying profanity, lying and verbal abuse towards our staff from patients and their family members. Any display of this behavior will subject you to being terminated as a patient from this Office.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, DV Pediatrics is not obligated to agree to requested restrictions;
- Receive confidential communications of protected health information;
- Inspect and copy your protected health information with some limited exceptions, subject to copying fees;
- Amend your health information;
- Receive an accounting of disclosures of your health information;
- Obtain a copy of this notice.

CONCERNS - If you believe your privacy rights have been violated, you may make a complaint by contacting DV Pediatrics, Office Manager, 2920 Marietta Hwy, Suite 142, Canton, GA 30114, 770-704-0057 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.



RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

ACKNOWLEDGEMENT

I, _____ acknowledge that I have received a copy of the Notice of Privacy Practices (HIPPA) regarding the use and disclosure of my health information. I am aware that a copy is also located in the waiting areas of DV Pediatrics, LLC, and that I can request another printed copy.

Signature

Date

Patient Name

Relationship To Patient