

NOTICE OF PRIVACY PRACTICES:

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Fertile Crescent Pediatrics. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. Our Notice of Privacy Practices is subject to change. If we change our Notice, you may obtain a copy of the revised Notice from our front desk or our website at www.fertilecrescentpediatrics.com.

I acknowledge receipt of the Notice of Privacy Practices of Fertile Crescent Pediatrics.

Signature: _____
(patient/parent/conservator/guardian) circle one

Date: _____

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of provider representative: _____ Date: _____

Reason why the acknowledgement was not obtained:

Patient refused to sign.

Other or Comments:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
 - Means of communication among the many health professionals who contribute to your care
 - Legal document describing the care you received
 - Means by which you or a third party payer can verify that services billed were actually provided
 - A tool in educating health professionals;
 - A source of data for medical research;
 - A source of information for public health officials charged with improving the health of the nation;
 - A source of data for facility planning and marketing and
 - A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- Understanding what is in your record and how your health information is used helps you to:
- Ensure its accuracy
 - Better understand who, what, when, where and why others may access your health information
 - Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

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

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization except to the extent that action has already been taken.

OUR RESPONSIBILITY

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- 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 new provisions effective for all protected health information we maintain.

Should our information practices change, we will mail a revised notice to the address you last provided us with

We will not use or disclose your health information without your authorization, except as directed in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment, For Example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist hi/her in treating you once you're discharged from the hospital.