

Notice of Privacy Practices for Protected Health Information

Effective date of this notice is March 27, 2003

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.

In compliance with the federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), Ahwatukee Pediatrics, P.C. has established privacy policies and procedures relating to the protected health information of our patients. Protected health information is information related to your past, present, or future physical or mental health or condition, or payment for such, in which you personally could be identified. HIPPA requires that providers must maintain the privacy of protected health information, provide a notice of their legal duties and privacy practices, and abide by the terms of the privacy notice currently in effect.

If you have any questions about our privacy practices or any of the information contained in this Notice of Privacy Practices for Protected Health Information ("Notice"), or wish to register any complaints related to our privacy practices, you should contact:

Ahwatukee Pediatrics, P.C., 15715 S. 46th Street, Suite 102, Phoenix, AZ 85048 (480)496-6444.

We will supply a written copy of this Notice to any person requesting it, whether or not they are a current patient. All patients will be given a copy of this Notice at the time of the first service provided to them following the effective date listed above. This Notice will be posted prominently and copies will be made available in our office.

We reserve the right to make changes to our Notice and have any new provisions become effective for all protected health information we maintain. If we make any material changes to the uses or disclosures of protected health information, the individual's rights, our legal duties, or other privacy practices stated in this Notice, this Notice will be revised. The revised Notice will be posted prominently in our office, and we will make the revised Notice available to anyone who request a copy.

Your Rights as a Patient

With respect to your protected health information, you (or your personal representative, with legal authorization) have certain rights:

1. to obtain a paper copy of this Notice of Privacy Practices for Protected Health Information upon request.
2. to revoke your consents or authorizations.
3. to inspect and obtain a copy of the health information that is used to make individual healthcare decisions about you (so called "designated record sets").
4. to appeal decisions we make regarding denial of access to your records.
5. to request amendments to your health record.
6. to dispute decisions we make regarding denial of amendments to your records.
7. to request restrictions on certain uses and disclosures.
8. to request that confidential communications take place by alternative means or to alternative locations.
9. to obtain an accounting of disclosure.
10. to lodge a complaint with us or with the Secretary of Health and Human Services if you believe there has been a HIPPA privacy violation, without fear of retaliation, coercion, or intimidation.