



Notice Of Privacy Practices

This Notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your individually identifiable health information.

A. OUR COMMITMENT TO YOUR PRIVACY

At Quakerbridge Pediatrics we are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state law regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

B. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

1. **Treatment:** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
2. Your health information may be used to seek payment from your health plan, from other sources or coverage such as an automobile insurer. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated. You are required to provide this practice with all insurance (Primary and Secondary) coverage information, health, auto, and worker's compensation (if applicable), or discuss and provide an alternative method for providing payment for services to this practice.
3. **Health Care Operations:** Your health information may be used as necessary to support the day-to-day activities and management of this practice. For example: measuring and improving quality of health care.
4. **Law Enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law-enforcement investigations and to comply with government mandated reporting.
5. **Victims of Abuse, Neglect, or Domestic Violence:** We are required by law to disclose medical information to appropriate authority if there is a possibility of child abuse, neglect or domestic violence.
6. **Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's health department.
7. **Other Uses and Disclosures Require your Authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.
8. **Appointment Reminder:** Your health information may be used to send you appointment reminders.
9. **Information about Treatments:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

C. YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARDS

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections of your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed other than treatment, payment and health care operations.
- The right to receive a printed copy of this notice
- The right to file a complaint. If you would like to submit a comment or complaint about our privacy practices, or suspect violation, you may do so by letter, outlining your concerns. Please address this correspondence to our Privacy officer (Dr. Milan Kapadia, at 1 Nami Lane , Suite 8, Mercerville, NJ 08619)

To obtain a copy of your protected health information, please complete a Request to Copy Protected Health Information form from our office. We have contracted with HealthPort Copy Co. so their copying fees will apply.