

PEDIATRIC ASSOCIATES OF BROCKTON  
291 E CENTER STREET  
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508 584-1234

PATIENT NOTICE OF PRIVACY PRACTICES  
HIPAA  
(HEALTH INFORMATION PROTECTION ACCOUNTABILITY ACT)

**THIS SUMMARIZED NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD(REN) MAY BE USED AND DISCLOSED. ALSO HOW YOU MAY ACQUIRE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** You have the right to request a complete copy of this notice. The parent, legal guardian, legal custodian of the child(ren) or adult patient will be the recipient of this notice and subject to the acknowledgement of its receipt. If you have any questions about this Notice, please contact our Privacy office.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected Health Information" is information about you, the patient. It includes demographic information that may identify you and that relates to your past, present and future physical or mental health, condition and related health care services.

**Regarding adolescents, Massachusetts General Law allows** teens to consent for testing and treatment for sexually transmitted diseases without parental consent. These records are considered confidential for the adolescent patient. Aside from requirements of law, we feel that adolescent confidentiality is important to maintain in order to be available and provide proper counseling for our patients. Should an adolescent patient's actions or health condition pose a risk of life or limb to him or herself, or to any other, we are required to notify the parent or legal guardian.

**This notice takes effect on April 14, 2003.** We are required by law to abide by the terms of this Notice of Privacy Practices. We have the right to change the terms of our notice at any time. The new notice will be effective for all PHIS that we maintain, including information previously created or received before the changes. Upon your written request, we will provide you with any revised Notice of the Privacy Practices.

**How do we use health information?**

Pediatric Associates uses your health information in order to support the business activities of our practice. This may include but are not limited to:

Communication with other healthcare providers or business associates for treatment, payment or health care operations. Business associates must follow our privacy rules.

Communicate with your health plan.

Health information is used for quality improvement and for customer service.

With written permission. We may communicate with family or friends involved in your care. If you are unable to agree or object, we will use our professional judgment to determine if it is in your best interest.

**Required by law**

There are limited times when we are permitted or required to disclose health information without your signed permission. These situations are listed below:

To report child abuse, neglect, domestic violence or certain physical injuries.

For judicial or administrative proceedings.

If required by law or law enforcement.

To Workers Compensation if you are injured at work.

To coroners, medical examiners and funeral directors.

All other uses and disclosures, not previously described, may only be made with your signed authorization at any time..

**Our Responsibilities**

Pediatric Associates Inc., of Brockton is required by law to:

Maintain the privacy of your health information.

Provide this notice of our duties and privacy practices.

Abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be available to you.

**Your Rights**

You have the right to:

Request that we restrict how we use or disclose your health information. We may not be able to comply with all requests.

Request that we use a specific telephone number or address to communicate with you.

Inspect and copy your health information (fees will apply) with the exception, under federal law, of psychotherapy notes and/or information compiled in anticipation for use in civil, criminal, or administrative action.\*

Request additions or corrections to your health information.\*

Receive an accounting of how your health information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures, as well as disclosures that you authorize).\*

Receive a copy of the complete privacy notice.

Requests followed by an asterisk (\*) must be in writing.

**Financial Privacy Policy**

We do not give your financial information to any person or persons not affiliated with Pediatric Associates Inc., of Brockton. It is important to us that you understand what financial information we gather and how we use it to administer your benefits and serve you and your child(ren) better.

**Financial Information** - In order to provide your medical services, we may gather financial information about you from you, your employer, or your plan sponsor; with respect to claims, co-payments and premium payments.

**Security** - In compliance with the state and federal standards, electronic, procedural and physical safeguards are in place to limit the collection and use of non-public information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a "need to know" basis for our employees to perform their

**Jobs.** This applies to you whether you are a former or current patient.

According to HIPAA regulations, we cannot share information about you or your child to a non-custodial parent or non-guardian without your consent except in the case of a medical emergency. This means we cannot share information with grandparents, aunts, uncles etc. unless you give us permission.

It will be much easier for you, your child, and our staff if you let us know who can or cannot bring your child in for treatment in advance. *Please also pardon us if we ask you how you are related to your child when you check in for an appointment.*

If you would like to exercise your rights, or feel your privacy rights have been violated, or if you need more information, contact our Privacy Officer:

**Aziza Zaman, MD**

**Pediatric Associates, Inc. of Brockton**

**370 Oak Street Ste A Brockton, MA 02301 (508) 584-1234**

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint regarding health information with the Secretary of Health and Human Services in Washington, D.C.