



NOTICE OF PRIVACY PRACTICES

Pediatric Alliance, PC is committed to protecting your personal health information as enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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.

We are required by HIPAA to give you this Notice about our privacy practices, our legal duties and your rights concerning your protected health information. This Notice became effective April 1, 2003, and will remain in effect unless we replace it.

Your personal health information may be shared, if requested, by your health insurance plan for purposes of treatment, payment and health care operations. Disclosures of information will be limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the disclosure of medical records for treatment purposes because physicians, specialists and other providers need access to the full record to provide quality care.

We may also disclose your protected health information to other covered entities or business associates. For example, we may disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

We may also disclose your protected health information for public health activities that are permitted by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

We may also disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

We may disclose your protected health information in response to an order of a court or in response to a subpoena or other lawful process once we have met all administrative requirements of the HIPAA Privacy Rule.

Under certain conditions we may disclose your protected health information to law enforcement officials as required by law or it is necessary to locate or identify a suspect, fugitive, material witness, or missing person.

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We may use your health information or internal operations within Pediatric Alliance, PC.

We may use your health information to conduct research, only if approved as necessary and appropriate by a review board (also called and Institutional Review Board), which is obligated to protect human rights in research.

We may use postcards to send you **non-personalized** notices such as address changes, periodical health-related notices and generalized health-related services available to your children.

Following is a description of your rights with respect to your protected health information.

You have the right to requested copies of your protected health information. You must make this request in writing to obtain access to your protected health information.

You also have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment or health care operations. Most disclosures are for these reasons.

You also have a right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these additional restrictions. You may request a restriction in writing by providing to us the specific information you want to limit and how you want to limit this disclosure.

You have the right to request confidential communications with us. You must make this request in writing stating the means of communication you prefer.

You have the right to request an amendment to your protected health information. This request must be in writing. You may obtain this form from Pediatric Alliance, PC. This form is titled "**REQUEST FOR MEDICAL RECORD AMENDMENT**".

You have a right to receive a copy of this Notice.

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If you are concerned that Pediatric Alliance, PC may have violated your privacy rights, you may address this issue by contacting the **Compliance Officer** for Pediatric Alliance, PC. The phone number is (412) 278-5100 during normal business hours.

Furthermore, all Pediatric Alliance, PC employees agree to abide by the Pediatric Alliance Confidentiality Policy.

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