



PROTECTING YOUR CONFIDENTIAL HEALTH INFORMATION IS IMPORTANT TO US

NOTICE OF PRIVACY PRACTICES

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.

At Beansprout Pediatrics, PLLC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective February 1st, 2010, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Information

Each time you visit Beansprout Pediatrics, PLLC, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or 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 this state and the nation,
- A source of data for our planning and marketing,
- 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, and make more informed decisions when authorizing disclosure to others.

Patient Rights

Although your health record is the physical property of Beansprout Pediatrics, PLLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices upon request,
- Inspect and copy your health information that we may use to make decisions about your care,
- Amend your health information if you believe that information we have about you is incorrect or incomplete,
- Obtain an accounting of disclosures of your health information. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Promise

Beansprout Pediatrics, PLLC is required to:

- Maintain the privacy of your health information,
- Provide you with this 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, and
- 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 the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the revised notice available upon request and/or, if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

How Your Health Information May Be Used

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care 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 or her assessments of your condition, the plan of care for your treatment and your responses to treatments. Members of your health care team will also record their actions and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

For example: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. We may need to give your health plan information about a service you received here so that your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover treatment.

We will use your health information for regular health operations.

For example: We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. We may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders: We may contact you as a reminder that you have an appointment for medical care at the office. We may contact you if you miss an appointment to reschedule. This

notification may be by phone call or mail. We may also call you by name in the reception area when your provider is ready to see you.

Treatment Alternatives: We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment options or alternatives regarding our care. Also, we may contact you to provide information about other health-related benefits and services offered by our office that may be of interest to you.

Business Associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

As Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

Workers' Compensation: Your protected health information may be disclosed, by us, as authorized, to comply with workers' compensation laws and other similar legally-established programs.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by federal, state or local law or in response to a valid subpoena. Or if you were a member of the armed forces or part of the national security or intelligence community, we may be required to release health information about you.

Health Care Oversight: Your health information may be released to an appropriate health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, **Joel Canfield, at Beansprout Pediatrics, PLLC, 700 Villa Maria Ct., Austin TX, 78759, (512) 796-3893.**

If you believe your privacy rights have been violated, you can file a complaint with Beansprout Pediatrics' Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.