

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about your child may be used and disclosed and how you can get access to this information.

Please Review it Carefully.

How We Use and Disclose Your Health Information

We are required by applicable federal law to maintain the privacy of your child's health information. We are also required to give you this notice about our privacy practices, our legal duties, and your right concerning your health information. We may use and disclose your child's health information as described below, without authorization. We are required to comply with any state laws that impose stricter standards than the uses and disclosures described in this notice. This notice takes effect 1/1/04 and will remain in effect we replace it.

Treatment: We use and disclose your child's healthcare information to provide treatment to your child and to identify the best plan of care for your child, including treatment alternatives, along with needs for special adaptive equipment.

Payment: Your child's information will be used or disclosed to determine the appropriate charges required for the services provided and to receive payment for our services.

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Health Care Operations: We may use and disclose your child's health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduct training programs (including other outside students), accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to or use of your child's health information for treatment, payment or healthcare operations, you may give us written authorization to use your child's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation at any time does not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your child's health information for any reason except those described in this notice.

Required by Law: We may use and disclose your child's health information as required by law.

Persons Involved in Care: We may use or disclose your child's health information to notify, or assist in the notification of (including identifying or location) a family member, your child's other legal guardian/personal representative or another person responsible for your child's care on your child's general condition. If you are unable or unavailable to agree or object due to incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your child's healthcare. We may also release information to other healthcare professionals involved in your child's care i.e. physician's, outside therapist, medical rehabilitation equipment providers, etc., using our professional judgment and our experience with common practice to make reasonable inferences of your child's best interest.

Family and Friends: We must disclose your child's health information to you, as described in the Patient Rights section of this notice. We may disclose your child's health information to a family member, friend, or other person to the extent necessary to help with your child's healthcare or with payment for your child's healthcare, but only if you agree that we may do so.

Public Health: As required by law, we may disclose vital statistics, disease information, information related to recalls of dangerous products and similar information to public health authorities.

Abuse or Neglect: We may disclose your child's health information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, or domestic violence or the possible victim of other crimes. We may disclose your child's health information to the extent necessary to avert a serious threat to your child's health and safety or the health and safety of others.

Health Oversight Activities: We may disclose your child's health information to a health oversight agency for activities including audits, civil administrative or criminal investigations proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

Law Enforcement Purposes: We may disclose your child's health information to an order of a court or administrative tribunal. We may also disclose your child's health information in responses to a subpoena, discovery request or other lawful process, but only when reasonable efforts have been made to notify you about the request or to obtain an order protecting your health information.

Serious Threat to Health and Safety: We may, consistent with applicable law, disclose your child's health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your child's health or safety or to the health and safety of the public or another person.

YOUR CHILD'S RIGHTS

When We Will Not Use or Disclose Your Child's Health Information

Access: You have the right to request and inspect and to copy your child's information. You must make a request in writing to obtain access to your child's health information.

Disclosure Accounting: You have right to receive an accounting disclosures of your child's health information made by us, except that we do not have to account for disclosures in this notice made for purposes of treatment, payment of healthcare operations or disclosures you authorize.

Restriction: You have the right to request restrictions on certain uses and disclosures of your child's health information, however, we are not required to agree to the restriction that you have requested.

Alternative Communication: You have the right to receive your child's health information through a reasonable alternative means or at an alternative location. You must make your request in writing with specifications regarding the means and location for communication and we may impose a fee for this.

Amendment: You have the right to request that we amend your child's health information in writing to us, that it is incorrect or incomplete. If we deny your request, we will provide you with information about our denial and how you can disagree with the denial.

Electronic Notice: You have a right to a paper copy of this notice, even if you have received this notice electronically.

Questions and Complaints

If you would like a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact us using the information listed at the end of this notice.

If you are concerned we have violated any of the above privacy rights, you may complain to us using the contact information listed below this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We support your right to privacy of health information. We will not retaliate in any way if you chose to file a complaint with us with the U.S. Department of Health and Human Services.

Contact: Debbie D. Haymon
Smart Moves Pediatrics, Inc.
7929 W. Cermak Rd, Unit C
North Riverside, IL 60546
Telephone: (708) 442-0023
Fax (708) 442-0025

Yes I have received and reviewed the Privacy Notice

Print Name: _____ Signature: _____ Date: _____
(of Child) (of Parent/Guardian)

Print Name of Parent/Guardian: _____

Signature above is only acknowledgment that you have received this Notice of our Privacy Practices.