

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the contact person listed below.

If you believe that your/your child's privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices or to submit a written complaint is:

Leigh Boreske, Privacy Officer
Lake Pediatrics
4880 N Hwy 19A Suite 200
Mt. Dora, Florida 32757

Effective Date

This notice is effective on or after May 1, 2007.

I have been provided an opportunity to review The Notice of Privacy Practices in reference to the protection of my/my child's medical records. **I understand this copy is for my/my child's medical records and I may request a copy for myself at any time.**

Patient Name _____ Date of Birth _____

Signature _____ Date _____

Print Name _____ Relationship to patient (if not SELF) _____

(Fill out ----- OR ----- cross out if section not wanted)

Section 1

AUTHORIZATION TO LEAVE MEDICAL INFORMATION ON PATIENT'S VOICE MAIL

I authorize Lake Pediatrics to leave any medical information about myself/my child on my voice mail.

Signature _____ Date _____

Print Name _____ Relationship to patient (if not SELF) _____

Section 2

AUTHORIZATION TO SHARE MEDICAL INFORMATION

I authorize Lake Pediatrics to share my/my child's medical records with the following people:

Please mark yes/no – Is this person allowed to bring your child to Lake Pediatrics for treatment?

Name _____ Relation to patient _____ yes ___ no ___

Name _____ Relation to patient _____ yes ___ no ___

I understand that if I want to change this authorization to include or exclude anyone or anything, at any time, all I need do is fill out a new authorization form (like this one) and have it placed in my/my child's chart.

Signature _____ Date _____

Print Name _____ Relationship to Patient _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

PHI = Protected Health Information

Uses and Disclosures

Treatment. Your/your child's PHI may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your/your child's 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.

Payment. Your/your child's PHI may be used to seek payment from your health plan or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical conditions being treated.

Health care operations. Your/your child's PHI may be used as necessary to support the day-to-day activities and management of LAKE PEDIATRICS. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your/your child's PHI may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your/your child's PHI may be disclosed to public health agencies as required by law. For example, we must report certain communicable diseases to the state's health department.

Other uses and disclosures require your authorization. Disclosure of your/your child's PHI 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/your child's PHI 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 PHI that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your/your child's PHI will be used by us to call you with appointment reminders.

Information about treatments. Your/your child's PHI may be used to send you information that you may find interesting on the treatment and management of your/your child's medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights (PHI = Protected Health Information)

You (your child) have (has) certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your/your child's PHI
- The right to receive confidential communications concerning your/your child's medical condition and treatment
- The right to inspect and copy your/your child's PHI
- The right to amend or submit corrections to your/your child's PHI
- The right to receive an accounting and how and to whom your/your child's PHI has been disclosed
- The right to receive a printed copy of this notice

LAKE PEDIATRICS Duties

We are required by law to maintain the privacy of your/your child's PHI and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

PHI = Protected Health Information

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in the federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all PHI we maintain.

Requests to Inspect Protected Health Information (PHI)

You may generally inspect or copy the PHI that we maintain. As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your/your child's records by contacting our MEDICAL RECORDS DEPARTMENT or our PRIVACY OFFICER (see contact persons on back page). Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

(OVER)