

## NOTICE OF PRIVACY PRACTICES

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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.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used to be disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment:** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical exam.
- **Payment:** means such activities as obtaining reimbursement for services, confirmation coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Healthcare operations:** include the business aspects of running our practice, such as conduction quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be in internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication is protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of **June 24th, 2014** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint: The US Department of Health & Human Services Office of Civil Rights 200 Independence Ave., S.W. Washington, DC 20201 202-619-0257 or toll free 1-877-696-6775

Consent for Care and Treatment: I understand that the patient, which may be defined as me, my child, or a child for whom I have legal responsibility, needs medical care and subsequent treatment. I consent to such treatment by providers, nurses, and medical assistants at CareFirst Pediatrics PLLC, which may include but are not limited to evaluation, health management, vaccinations, and laboratory testing. I understand that photos or videos of the aforementioned may be taken in connection with such treatment and for operational, quality improvements and educational purposes.

#### General Clinic Policies and Guidelines:

**Appointments:** Appointments are made on a first come, first serve basis. Please keep in mind that appointments after 3 PM are in high demand and therefore may not be as readily available as other appointment times. We do provide same day appointments for existing patients who are sick. We do not accept any walk-in patients, existing or new.

**Correspondence:** Due to HIPAA laws, we are unable to provide medical advice or release any medical records via email or text. Due to our high volume of patients, we request that you provide us 1 business day to respond to any and all email correspondence. All emails must include your child's full name and date of birth to avoid further delays. In addition, any forms that require a physician's signature will require 1-2 business days for return. Any messages sent to the physician on the MyChart portal will experience a response time of 1-2 business days. If your request is urgent, please contact our office for immediate assistance.

**School Note Policy:** CareFirst Pediatrics is happy to provide school or work notes for patients/guardians who miss class or work due to medical appointments. Please note that it is the patient or guardian's responsibility to request a school note in a timely fashion in order to avoid further issues with your child's school or workplace. Due to HIPAA regulations, we are unable to directly send school notes to your child's school or your place of business. We are unable to provide school notes without an office visit. In addition, school notes can only be provided up to 6 months from the date of your visit.

School note length is up to the provider's discretion. Please note, if your child requires a school note absence of longer than one week from the date the original school note is issued, an updated note will not be provided without an additional office visit to reevaluate your child.

**Lateness and Cancellations:** Due to our high volume of patients, we ask that you please respect Dr. Singh, our staff, as well as the patients around you by arriving on time for your appointment and calling us 24 hours in advance to cancel or reschedule your appointment. If you arrive late for your appointment, your appointment is at the discretion of the staff to be canceled or rescheduled based on the provider's availability. In addition, any Wellness appointments that are canceled within 24 hours of the appointment will be subject to a 25 dollar cancellation fee. Any appointments that are "no-showed" will be subject to a 50 dollar fee. **We understand that life is unpredictable, so our clinic will grant your family three opportunities where these fees are not collected to account for these circumstances.**

**Electronic Sharing of Medical Information:** I authorize CareFirst Pediatrics to use Medical Information for the purposes of treatment, payment, regular healthcare options (collectively referred to as “purposes” in this document), or as otherwise allowed by the law. I acknowledge that CareFirst Pediatrics will electronically or physically release and send patients medical information to third-parties for the purposes set forth above or as otherwise allowed by the law. I understand that medical information may no longer be protected by federal and state privacy laws once it is disclosed, and therefore, may be subject to re-disclosure by the recipient. Medical information may become part of patients' medical records kept at locations other than CareFirst Pediatrics with different healthcare providers and may be further disclosed.

Health Information Exchange: CareFirst Pediatrics participates in certain internal and third party Health Information Exchange Programs (referred to as “HIE”) to store and exchange a patient’s medical information. Certain patient medical information from non-CareFirst Pediatrics healthcare providers may also be stored and shared in HIE(s), and CareFirst Pediatrics and these other providers can use HIE(s) to see Patient’s medical information for the purposes set forth above, to coordinate our patient’s care, and as allowed by law. I understand that patients or their guardians may opt out of HIE(s) Medical Information sharing by indicating that decision on the HIPAA form. Patients may opt back into HIE(s) Medical Information sharing at any time. I understand that even if patients opt out of HIE(s) Medical Information sharing that patients medical information may still be stored in HIE(s). I understand that patients do not have to participate in HIE(s) Medical Information sharing to receive care.