Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND ABOUT HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The policy of Small Steps Pediatrics, P. C. is to protect the confidentiality, integrity and security of the protected health and personal information of our patients and to prevent unauthorized access to, or the use or disclosure of such information. We are required by law to maintain the privacy of your health information and provide you with this notice of our duties and obligations. This policy applies to patients who are current or former patients of Small Steps Pediatrics, P. C.

Individually identifiable health and personal information are any information obtained by Small Steps Pediatrics, P. C. in connection with providing healthcare treatment, obtaining payment and related health care operations. This relates to past, present or future information that Small Steps Pediatrics, P. C. receives from you as our patient.

Small Steps Pediatrics, P. C. collects personal information in order to learn about your medical history, medical conditions, render treatment and collect payment for our services. We gather this information from your patient forms, health questionnaires and other forms you will be asked to complete from time-to-time. In addition, we will assemble information based on our discussions and conversations with you, your personal representative and your family members. Your healthcare plan or insurance carrier may provide information to our office.

We will use this information to provide caring and quality medical care to you. Examples include diagnosis, treatment and communications such as follow up and appointment reminders, as well as treatment alternatives or other health-related benefits. As part of our standard treatment and healthcare operations, we may share information with a facility such as a hospital, laboratory, diagnostic service or healthcare provider to efficiently coordinate your treatment plan. For contracted insurers, your information will be used for claims management and to obtain payment from your insurance carrier. As required by your insurance contractor, we will exchange paper and electronic data with your insurance carrier for activities such as eligibility, benefit and coverage determinations, precertification, utilization review and related activities. For worker's compensation, information about a work-related condition can be exchanged with the employer.

Your information is maintained in our office in our practice management computer system. We also maintain information about you in your medical chart. Small Steps Pediatrics, P. C. limits the access to your protected health information to those employees and business associates who need to know that information. With some limitations, you have the right to inspect, amend, copy and receive an accounting of disclosures of your medical and billing records.

We do not disclose personal information to third parties unless one of the following exceptions applies:

- We receive explicit authorization from you to release individually identifiable information. This authorization must be in writing and give exact details regarding to whom the disclosure applies, the nature of the data to be released, the applicable dates and signed by the patient (or guardian). You may revoke this authorization by providing a written statement to the Small Steps Pediatrics, P. C. Privacy Officer.
- Federal, state or other applicable law requires us to share protected information or records.

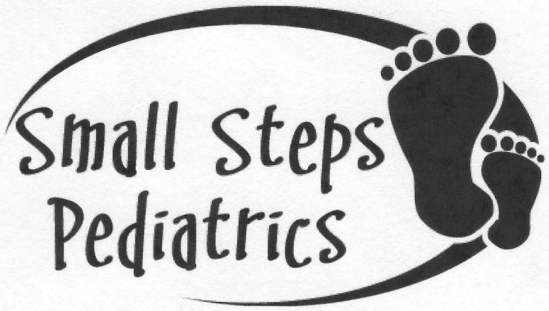
We are obligated to abide by the terms of this notice. If, at any time in the future, it is necessary to disclose any of your personal information in a way that is materially different from this policy, Small Steps Pediatrics, P. C. will give you notice of the change through a mailed announcement or on your visit following the change.

With some exceptions, you have right to review and obtain a copy of your health information. This request must be in writing and there may be a reasonable charge to provide you with a copy of your information. You also have the rights to request your records be amended, to request special accommodations and restrictions of your health information and to receive an accounting of the disclosures of your information. You have the right to request to receive confidential communications of your information. Small Steps Pediatrics, P. C. is not obligated to agree to a requested restriction. We must receive a written request from you to administer these rights. Please speak to the receptionist for further information or to begin the process to exercise any of these rights.

If you have a complaint about the management of your health information or believe your privacy rights have been violated, contact Shameza Boyd MD at (telephone no). 205-868-3486
You have the right to file a complaint with Office for Civil Rights c/o U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. Phone (404)562-7453/Fax (404)562-7881 if you believe that your privacy rights have been violated. There will be no retaliation for filing a complaint.

Other uses of PHI:

- ☐ Your medical information may be reviewed by our medical staff for possible inclusion and referral in research studies. You will be contacted prior the use of your information in a research study.
- ☐ We may leave a message on your answering machine or voice mail to contact you about appointments or to have you call our office.
- ☐ Our practice participates with Blue Cross and Blue Shield of Alabama InfoSolutions® and we will provide protected health information about you to this database if they manage your claim benefits.



Dr. S. Boyd, MD
52 Medical Park Drive East
Suite 201
Birmingham, AL 35235-417

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of Small Steps Pediatrics Notice of Privacy Practices.

_____ _____

Signature of Parent/Guardian Date

Name of Patient (List all Children) Date of Birth

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