

# TOTAL CARE PEDIATRICS

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

## HIPAA Privacy Regulations as of September, 2013

Protecting patient privacy is a top priority of Total Care Pediatrics. All of our staff is dedicated to protecting our patients' privacy. The HIPAA privacy regulations provide medical practices and patients with an additional means to help guarantee a consistent approach to patient privacy and that patient privacy is a top priority for all providers - physicians, hospitals, insurers, and pharmacies - throughout the United States.

The rules are beneficial for patients because they strengthen and set national minimum standards for protecting the privacy of your information. Specifically, the rules give patients more control over who can see their private medical information.

For organizations, HIPAA ensures minimum standard protection standards to protect your sensitive and private health information. There are legitimate business reasons to share private health information. We want our patients and families to understand their medical privacy rights and how we use their information. The final HIPAA rules strikes a balance between these sometime competing goals. It protects patients's information, while also allowing essential information sharing functions to continue.

The Notice of Privacy Practices outlines specific details regarding HIPAA and your protected health information. In accordance with federal HIPAA guidelines, we ask that you sign a receipt of acknowledgement for the Notice of Privacy Practices of Total Care Pediatrics. After reviewing the Notice of Privacy Practices, please let us know if you have any questions regarding HIPAA that we can answer for you.

You agree, in order for us to service our accounts or to collect any amounts you may owe, we may contact you by telephone at any numbers associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails using any email address you provide to us. Methods of contact may include pre-recorded/artificial voice messages and/or use of an automatic dialing device as applicable.

### By signing below, you:

Give Total Care Pediatrics permission to transmit your Child's medical information in written form, photographic / copy form, or electronically. Electronic transmission include insurance claims, vaccine information, prescriptions, and other medical information authorized by you.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For competent patients 18 years and over:** Parents no longer have access to your medical information per HIPAA law. Please list anyone who is able to access your medical information and who we are able to release information to over the phone.

\_\_\_\_\_  
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Patient Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Date \_\_\_\_\_