



Notice of Privacy Practices

Effective December 1, 2026

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.

This notice applies to Desert Bloom Pediatrics. For questions, requests, or complaints, contact our Privacy Officer at (702) 551-1765, hello@desertbloompediatrics.com, or 8352 W. Warm Springs Rd, Suite 210, Las Vegas, NV 89113. Website: www.desertbloompediatrics.com.

Your rights

You may exercise the following rights by contacting our Privacy Officer. We will explain the request process and provide any needed forms.

Access your records

You may inspect or obtain a paper or electronic copy of your medical record and other health information we maintain about you. We generally respond within 30 days. If a legally permitted extension is needed, we will explain the reason and new deadline in writing. A summary is available if you agree. We may charge a reasonable, cost-based fee permitted by law.

Request corrections

You may ask us to amend information you believe is inaccurate or incomplete. We generally respond within 60 days. If we deny your request, we will explain our decision in writing and tell you how to submit a statement of disagreement. We will notify you if a legally permitted extension is needed.

Request confidential communications

You may ask us to contact you at a different address or by a particular method, such as a specific phone number. We will accommodate reasonable requests.

Request limits on sharing

You may ask us to restrict information used or shared for treatment, payment, or health care operations. We generally do not have to agree. If we agree, an emergency treatment exception may apply. If you pay for an item or service yourself in full, we must honor your request not to disclose information about that item or service to your health plan for payment or operations, unless disclosure is required by law.

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The list generally excludes treatment, payment, operations, disclosures you authorized, and other legally excluded disclosures. One accounting in a 12-month period is free. Additional requests may involve a reasonable fee, which we will explain in advance.

Obtain this notice

You may request a paper copy at any time, even if you previously agreed to receive it electronically.

Representatives and children

An authorized personal representative may exercise applicable rights for you. We verify that person's authority. Parents and legal guardians generally act for minor children, but access can be limited when the minor legally consents to care, a court or another authorized person consents, or a parent agrees to a confidential relationship. Nevada law permits minors to consent to certain services in specified circumstances, including some sexual health, substance use, and mental health care. We follow applicable law concerning access and disclosure. We may decline to treat a person as a representative in legally permitted abuse, neglect, or endangerment situations.

Your choices and permission

Tell us your preferences about sharing information with family, friends, or others involved in your care or payment, and during disaster relief. If you cannot express a preference, we may share information when professional judgment indicates it is in your best interest. We may also disclose information as permitted by law to reduce a serious and imminent threat.

Written authorization

Uses and disclosures requiring authorization, including marketing, sale of protected health information, and most disclosures of separately maintained psychotherapy notes, require your written authorization. Other uses not described in this notice will occur only with your written authorization. You may revoke authorization in writing through our Privacy Officer. Revocation does not undo actions already taken in reliance on it. DBP does not maintain a hospital directory and does not create or maintain separately maintained psychotherapy notes.

Fundraising

We may contact you about fundraising. You may opt out of future fundraising communications, and your decision will not affect treatment or payment. If we use records protected by 42 CFR Part 2 for fundraising, we will first provide a clear opportunity to choose not to receive those communications.

How we use and disclose information

The following uses and disclosures are subject to applicable legal requirements and any stronger confidentiality protections described in this notice.

Treatment

We may use and share information to provide and coordinate care. For example, we may send relevant information to a specialist treating your child.

Payment

We may use and disclose information to obtain payment for services. For example, we may send diagnosis and service information to your health plan for a claim.

Health care operations

We may use and disclose information to operate our practice, evaluate quality, and coordinate services. For example, we may review records to improve care or work with service providers who are required to safeguard information.

Public health and safety

When legally permitted or required, we may disclose information to prevent disease, report medication reactions, assist with product recalls, report suspected abuse or neglect, or reduce serious threats to health or safety.

Research

We may use or disclose information for research when the applicable legal requirements are satisfied, including required authorization or an approved waiver when applicable.

Legal requirements and oversight

We disclose information when required by law, including to the U.S. Department of Health and Human Services to demonstrate compliance. We may disclose information for authorized health oversight activities.

Other permitted disclosures

Subject to legal conditions, we may disclose information for organ or tissue donation; to coroners, medical examiners, or funeral directors; for workers' compensation; for specified law enforcement purposes; and for authorized military, national security, or protective services activities. We may respond to court or administrative orders and qualifying subpoenas only when legal requirements are met.

Additional protections for sensitive records

We follow federal and Nevada laws that impose greater confidentiality protections on particular records, including applicable protections for mental health, HIV-related, and minor-consented care. These laws can limit sharing otherwise permitted by HIPAA or require additional consent. Contact our Privacy Officer for information about protections that apply to your records.

Substance use disorder records

If we receive or maintain substance use disorder records protected by 42 CFR Part 2, we follow the restrictions that apply to those records. A valid consent may permit their use and disclosure for treatment, payment, and health care operations, subject to applicable law.

Investigations and proceedings against you

Part 2 records, and testimony describing their contents, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or an appropriate court order issued after notice and an opportunity to be heard for you or the record holder. A court order authorizing disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure. The same protections apply to investigations connected with those proceedings.

Our responsibilities

We must protect the privacy of your health information, provide this notice of our legal duties and privacy practices, and follow the notice currently in effect. We maintain safeguards for your information. We will notify affected individuals when a breach of unsecured protected health information requires notification under law. We will not use or disclose information beyond this notice unless you authorize it in writing or applicable law permits or requires it.

Changes to this notice

We may revise this notice and apply the revised practices to information we already maintain as well as information received in the future. The revised notice will state its effective date and will be available in our office, on our website, and upon request.

Questions and complaints

Contact our Privacy Officer using the contact information on page 1 to ask questions, exercise rights, revoke an authorization, or submit a privacy complaint. You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate or penalize you for filing a complaint.

Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-800-368-1019;
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>