



# Beach Pediatrics

## Notice of Privacy Practices

**Effective Date: August 16, 2025**

**Beach Pediatrics – Huntington Beach, CA**

This Notice describes how medical information about you and your child may be used and disclosed, and how you can get access to this information. Please review it carefully.

### **Our Commitment to Your Privacy**

At Beach Pediatrics, we value the trust you place in us. We are committed to protecting the privacy and confidentiality of your child's health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This Notice explains your rights and our responsibilities regarding your protected health information (PHI).

### **How We May Use and Disclose Your Health Information**

We may use or share your child's health information without your written permission for the following purposes:

#### **1. Treatment**

To provide, coordinate, or manage medical care and related services. For example, we may consult with a specialist or send prescriptions to a pharmacy.

#### **2. Payment**

To bill your health insurance or another responsible party. This may include providing necessary information to obtain prior authorization or payment for services.

#### **3. Healthcare Operations**

For administrative, quality improvement, training, or licensing purposes that help us operate and improve our practice.

## Other Permitted or Required Disclosures

We may also use or disclose health information:

- When required by federal, state, or local law
- For public health reporting (e.g., infectious diseases)
- To report suspected child abuse or neglect
- For health oversight audits or investigations
- For legal or administrative proceedings
- For law enforcement (e.g., in response to a court order)
- To prevent or lessen a serious threat to health or safety
- For workers' compensation claims

## Disclosures That Require Your Written Authorization

We will obtain your written authorization before:

- Using or disclosing psychotherapy notes (if applicable)
- Sharing your information for marketing purposes
- Selling your health information
- Any use or disclosure not outlined in this Notice

You may revoke your authorization in writing at any time.

## Your Rights Regarding Health Information

You have the right to:

### **Access Your Medical Records**

Request to view or receive copies of your child's medical records.

### **Request an Amendment**

Ask us to correct inaccurate or incomplete information in the record.

### **Request Confidential Communications**

Ask us to contact you in a specific way (e.g., at work instead of home) or send mail to a different address.

### **Request Restrictions**

Ask us to limit what we share. We're not required to agree, except in limited circumstances (e.g., out-of-pocket payments).

### **Receive an Accounting of Disclosures**

Request a list of certain disclosures we've made of your child's health information (not including treatment, payment, or operations).

### **Receive a Paper Copy of This Notice**

You may request a printed version at any time, even if you've agreed to receive it electronically.

## **Email and Text Communication Policy**

To enhance your experience, Beach Pediatrics offers email and text messaging for non-urgent communication. Please read the following carefully.

### **Consent Required**

We will not use email or text unless you've provided **written authorization** acknowledging that you understand the risks.

### **Examples of Electronic Communication**

With your consent, we may send:

- Appointment reminders or confirmations
- Office updates, closures, or scheduling information
- Prescription refill alerts
- Patient portal instructions or login help
- Non-urgent follow-up instructions

**We will not send sensitive health or medical details via text or email unless you explicitly request and authorize it.**

### **Risks of Electronic Communication**

Although we use secure systems when possible, standard email and texting are not fully encrypted. Potential risks include:

- Misdelivery or unauthorized access
- Delayed or undelivered messages
- Viewing by others if your device or account is not secure

## **Right to Opt Out**

You may revoke your consent to receive electronic communication at any time by contacting our office in writing.

## **For Emergencies**

Do **not** use email or text for urgent medical concerns. Call 911 or visit the nearest emergency room.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your health information.
- We will promptly inform you of any breaches that may affect your privacy.
- We will follow the practices outlined in this Notice and provide updates as needed.

## **Changes to This Notice**

We reserve the right to change this Notice. Revisions will apply to all current and future health information and will be made available on our website and in our office.

## **Questions, Requests, or Complaints?**

If you have questions or would like to exercise any of your rights, please contact:

Beach Pediatrics  
17742 Beach Blvd. Suite 360, Huntington Beach, CA 92647  
Phone: (714) 848-0868  
Fax: (714) 848-2248

You may also file a complaint with the U.S. Department of Health & Human Services if you believe your rights have been violated. We will not retaliate against you for filing a complaint.

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*Thank you for trusting Beach Pediatrics with your child's care. We are honored to support your family's health and wellness.*