

Kiddie Health Pediatrics, LLC

Melanie M. Garcia, M.D, FA.A.P

Kiddie Health Pediatrics, LLC

1232 Race Road, Suite 202 - Baltimore, MD 21237 | ((410) 687-0848

www.kiddiehealth.com

NOTICE OF PRIVACY PRACTICES (HIPAA)

Effective Date: _____

Our Commitment to Your Privacy

Kiddie Health Pediatrics is dedicated to protecting your child's health information in accordance with HIPAA. This notice explains how your child's Protected Health Information (PHI) may be used or disclosed and your rights regarding that information.

Uses and Disclosures of PHI:

- **Treatment:** For medical care and coordination
- **Payment:** Billing and collecting payment
- **Healthcare Operations:** Quality improvement, staff training, audits, and practice management
- **Legal Requirements:** Public health reporting or as required by law.

Other uses require written authorization.

Your Rights

- Access and obtain copies of your child's medical records
- **Request corrections**
- **Request confidential** communications
- **Request restrictions** on disclosures
- Receive an accounting of disclosures
- Receive a paper copy of this notice
- File a privacy complaint without retaliation

Our Responsibilities

- Protect the privacy and security of PHI
 - Follow the terms of this notice
 - Notify you of any breaches of unsecured PHI
- Phone: _____
- Email: _____

PARENT / GUARDIAN ACKNOWLEDGMENT FORM

I acknowledge that I have received and reviewed *Kiddie Health Pediatrics' Notice of Privacy Practices* (HIPAA).

Patient Name: _____ DOB: _____

Parent/Guardian Name (Print): _____

Relationship to Patient: _____ Date: _____

Office Use Only:

If acknowledgement not obtained: _____ Staff Initials: _____ Date: _____