



NOTICE OF PRIVACY PRACTICES (NoPP)

This notice describes how medical information about your child may be used and disclosed, and how you can obtain access to this information. In the following we refer to you and your child as “you” being the patient. When we refer to disclosures to “you”, we mean disclosures provided to the patient, the patient’s parent, legal guardian, legal representative, and legally authorized person. If the patient is able to make decisions about their own healthcare, they will be asked for their review for the contents of this notice, and permission where applicable.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

Get an electronic or paper copy of your medical record:

- You can ask to view or obtain an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 10 days of your request.

Ask us to correct your medical record:

- You may ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days. You may provide a statement of disagreement in that case.

Request confidential communications:

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will ask that this is provided in writing.
- We will agree to all reasonable requests.

Ask us to limit what we use or share:

- You may ask us not to use or share certain health information for treatment, payment, or for our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Obtain a list of those with whom we have shared information.

- You may ask for a list (i.e. accounting) of the times we have shared your health information in the past six years from the date you ask, who we shared it with, and why.
- There are many exceptions to disclosure, such as for treatment, payment, law enforcement, national security, individuals involved in your healthcare. These may not be disclosed.



- We will include all the disclosures except for those about psychotherapy treatment, information compiled for legal proceedings, lab results prohibited by CLIA (Clinical Laboratory Improvement Act), information held by certain research laboratories, and in certain situations such as when access could cause harm.
- We will charge a reasonable, cost-based fee to cover costs such as that of copying and postage.

Get a copy of this privacy notice.

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you.

- If you have given someone medical power of attorney, that person can exercise your rights and make choices for your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, and there is no medical power of attorney available, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety. In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes except in certain cases such as our training, to defend ourselves in legal proceedings brought against us by the individual, to prevent or reduce a serious threat or harm to public safety, lawful activities of a coroner or medical examiner, and for oversight by the Health and Human Services.



In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and service, obtain surveys, and send appointment reminders.

Bill for your services

We can use and share your health information to bill and obtain payment from health plans or other entities.

Example: We give information about you to your health insurance plan, so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications or vaccinations
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.



Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see how we are complying with federal privacy law.

Respond to organ and tissue donation requests.

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html and <https://www.hhs.gov/sites/default/files/privacysummary.pdf>

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all the information we have about you. You will be notified of the new notice if this happens. The new notice will be available upon request in our office, and on our website.



Contact Us for Complaints and Concerns

If you have a concern or complaint about the privacy of your information, or about our privacy policies and procedures, please do not hesitate to contact Dr. Kanwal Chaudry at Happy Kids Pediatrics. You can email her at contactus@happykidspecs.com, or call our office at 913-355-9953 during business hours, or fax 913-553-9954.

The effective date of this notice is May 15, 2023.

ACKNOWLEDGEMENT

I have reviewed the Notice of Privacy Practices of Happy Kids Pediatrics and agree to all its terms.

Please list all your children with their first and last names, and date of birth, who receive care at Happy Kids Pediatrics.

Patient Name # 1: _____ Patient Name # 2: _____
Date of Birth: _____ Date of Birth _____

Patient Name # 3: _____ Patient Name # 4: _____
Date of Birth: _____ Date of Birth _____

Patient Name # 5: _____ Patient Name # 6: _____
Date of Birth: _____ Date of Birth _____

Parent or Legal Guardian Name:

Parent or Legal Guardian Signature:

Date: _____