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### **Marblehead Pediatrics Notice of Privacy Practices**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**Please review this notice carefully.**

This is a condensed version of our Privacy Practices for a more complete version of our Notice of Privacy Practices please request it from our Privacy Officer.

With my consent, Marblehead Pediatrics may use and disclose protected health information (PHI) about my child/me to carry out treatment, payment and healthcare operations (TPO).

Marblehead Pediatrics reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained forwarding a written request to Marblehead Pediatrics, Privacy Officer, 70 Atlantic Ave. Marblehead, MA 01945.

With my consent, Marblehead Pediatrics may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, billing and collection issues and any other general/non specific information pertaining to my clinical care.

With my consent, Marblehead Pediatrics may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements. It is our practice NOT to mail or fax PHI to school or camp forms to nurses. We do not email PHI. If you choose to email PHI to us, we cannot guarantee the confidentiality of the email. We will provide information to parent/patient as requested. It may be required at times to provide immunization records to school nurses.

I have the right to request that Marblehead Pediatrics restricts how it uses or discloses my child's PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Marblehead Pediatrics use and disclosure of my child's/my PHI to carry out TPO.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent.

Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Signer's name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_