

**NOTICE OF PRIVACY
POLICIES AND PRACTICES
FOR
BRIGHTON PEDIATRIC CENTER**

Dear Patient:

This notice describes how information about your child may be used and disclosed and how you can access to this information.

INTRODUCTION

At Brighton Pediatric Center, we are committed to treating and using protected health information about your child responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information.

This Notice is effective April 14th, 2003 and applies to all protected health information as defined by Federal Regulations.

UNDERSTANDING YOUR MEDICAL RECORD/ HEALTH INFORMATION

Each time you visit Brighton Pediatric Center, a record of your visit is made. Typically, this record contains information about your visit including your child's examination, diagnosis, test results, and treatment as well as other information. Your chart often referred to as you child's health or medical record, serves as a

- Basis for planning your child's care and treatment.
- Means of communication with the health professionals.
- Legal document describing the care your child received.
- A tool that you or another payer (your insurance company) will use to verify that services billed were actually provided.
- An education tool for medical health providers.
- A source for medical research.
- Basis for public health officials who might improve state as well as national healthcare standards.
- A source of data for planning and/or marketing.
- A tool we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your child's record and how your child's health information is used helps you to insure its accuracy, determine what entities have access to your child's health information, and make an informed decision when authorizing the disclosure of the information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to receive confidential communications concerning your child's medical condition and treatment.
- The right to inspect and receive a copy of your child's protected health information at our standard charge for copying.
- The right to appoint a personal representative to receive communication regarding your child's condition and care. (Personal representative for minor patient will be assumed to be the parent or legal guardian unless notified otherwise).
- The right to amend or submit corrections to protected health information.
- The right to receive an account of how and to whom your child's protected health information has been disclosed.
- The right to receive a printed copy of this notice.

OUR RESPONSIBILITIES

Brighton Pediatric Center is required to:

- Maintain the privacy of your child's health information.
- Provide you with the Notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to requested restrictions.
- Accommodate reasonable request you may have regarding communication of health information via alternative means and/locations.

As permitted by law we reserve the right to amend or modify our privacy policies and practices. These changes in our policies may be required due to changes in federal/ state laws and regulations. Whatever the reasons for these revisions, we will provide you with a revised notice at your next office visit.

The revised policies and practices will be applied to all protected health information we maintain. We will not use or disclose your child's health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your child's health information after we have received a written revocation of the authorization according procedures included in the authorization.

**HOW WE MAY USE AND/OR DISCLOSE
YOUR HEALTH INFORMATION**

We will use your child's information for treatment. Your child's health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your child's health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your child's medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your child's information for payment.

Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to your child.

We will use your child's information for regular health operations. Your child's health information may be used as necessary to support the day-to-day activities and management of Brighton Pediatric Center. For example: information on the services that your child received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates In some instances, we have contracted separate entities to provide service for us. These "associates" require your child's health information in order to accomplish the task that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your child's care or that you have authorized to receive this information. Please inform the practice when you do not want a family member or other individuals to have authorization to receive your child's information. There are times when a parent or guardian of a minor cannot view or receive a child's medical records.

Michigan law provides for the confidential treatment of minor upon that minor's request for sexuality matters, contraception, sexually transmitted diseases, mental health concerns and substance abuse disorders, among other conditions.

Research/Teaching/Training We may use your child's information for the purpose of research, teaching, or training.

Healthcare Oversight Federal law requires us to release your child's information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public Health Reporting Your child's health information may be disclosed to public agencies as required by law.

Law Enforcement Your child's health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Appointment Reminders The practice may use your child's information to remind you about upcoming appointments. You may be reminded of an appointment by a brief nonspecific phone call or message to your contact phone number unless we are directed not to contact you when you schedule your appointment.

Other uses and disclosures Disclosing of your child's health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your child's information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

**FOR MORE INFORMATION
OR TO REPORT A PROBLEM**

If you have complaints, questions or would like additional information regarding this notice or privacy practices of Brighton Pediatric Center please contact:

OFFICE MANAGER
Brighton Pediatric Center
8550 W. Grand River, Suite 300
Brighton, MI 48116
Tel. (810) 220 3700
Fax (810)220-1321

If you believe that your privacy rights have been violated, please contact the aforementioned practice Professional Official or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

There will be no retaliation for filling a complaint with either the practice's Privacy Official or with the Office of Civil Rights. The address for the Office of Civil Rights is listed below.

OFFICE FOR CIVIL RIGHTS
U. S. Dept of Health & Human Services
200 Independence Ave, S.W. Room 509F, HHH Building
Washington, D.C. 20201

Brighton Pediatric Center

8550 W. Grand River Ste 300

Brighton, MI 48116

Phone: 810-220-3700

Fax: 810-220-1321

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____, have received/ reviewed a copy of the Notice of
Parent/Guardian Name (please print)

Privacy Practices from Brighton Pediatric Center.

Parent/Guardian Signature

Date

List each child that is seen at our practice (please print):

Child's LAST Name	Child's FIRST Name	Date of Birth

