

AllKids Urgent Care

Tel 480.633.1111 • www.mysickkid.com

Notice of Privacy Policies

This notice describes the health information about you (including your child) that may be listed and disclosed, and how you can get access to your health information. This is a required Privacy Regulation resulting from the Health Insurance Portability & Privacy Act of 1996 (also known as HIPPA.)

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information, and to provide a copy of this information to you at your request.

We may use and disclose your health information in the following ways:

1. Physicians and staff may use or disclose your health information in order to treat you or to assist others in your treatment. We may also disclose your health information to others who may assist in your care, including your Primary Care Physician (PCP), Pediatrician, other specialist physicians, parent(s), spouse(s) or children.
2. Our practice may use your health information to bill and collect payments, including giving this information to your insurer or any third parties that may be responsible for paying such costs. We may also use your health information to bill you directly for these services.
3. Our practice will use and disclose your health information if we are required to by law.
4. We may call you for reminder purposes. Please advise us if you do not want us to call and leave messages at your home, on your cell phone, answering machine or with co-workers at your place of work.
5. We may also use a sign-in sheet at the front desk. We will make reasonable efforts to keep this information confidential.

Your rights concerning your health information:

1. You can request that our practice communicate with you about your health and related issues in a particular manner. We will do our best to accommodate all reasonable requests.
2. You can request that we restrict our use of your health information for treatment, payment or health care operations, as well as the release of information only to certain individuals.
3. You have the right to inspect and obtain a copy of your medical and billing records. You must submit your request in writing. You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, you must request this in writing to the treating physician, and give a reason to support your request.
4. If you believe your privacy rights may have been violated, you may file a complaint with our office or with the Secretary of the Department of Health & Human Services. To file a complaint with our practice or if you have any questions about this policy notice, please contact the Privacy Officer or Practice Manager at 480-633-1111.

We have supplied you with our *Notice of Privacy Policies*. Your signature below indicates that you have read, understood and agreed to this policy. A copy of this policy may be obtained from the receptionist at the front desk, or online at www.mysickkid.com. You also verify that you are aware of the *Patient Bill of Rights* and have received or may request a copy from the receptionist.

HIPPA Notice of Privacy Policies and Patient Bill of Rights – Patient awareness verified:

Patient/Guardian: _____ **Date:** _____

(Revised 11/2017)