

McKinney Pediatrics

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Notice of Privacy Practice Summary

This notice of Privacy Summary describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law.

1. Uses and disclosures of Protected Health Information for the purposes of treatment, payment, and/or health care operations.
2. Permitted and required Uses and Disclosures that may be made **with** your authorization and opportunity to object.
 - a. We may use and disclose your protected health information in the following situations without your consent:
 - i. Facility Directories
 - ii. Psychotherapy notes (for TPO)
 - iii. Marketing
 - iv. Emergencies
 - v. Others involved in your health care
3. Permitted and required Uses and Disclosures that may be made **without** your authorization and opportunity to object.
 - a. We may use and disclose your protected health information in the following situations without your consent:

i. Required by Law	ix. Research
ii. Public Health	x. Inmates
iii. Communicable Diseases	xi. Workers' Compensation
iv. Health Oversight	xii. FDA
v. Legal Proceedings	xiii. Military Activity and National Security
vi. Abuse or Neglect	xiv. Coroners, Funeral Directors, and Organ Donation
vii. Law Enforcement	xv. Required Uses and Disclosures
viii. Criminal Activity	

Your Rights

1. Following is a statement of your rights with respect to your protected health information and how you may exercise these rights. You have the right to:
 - a. Request to inspect and copy your protected health information
 - b. Request a restriction of your protected health information
 - c. Request to receive confidential communications from us by alternative means or at an alternative location
 - d. Request your physician amend your protected health information
 - e. Receive an accounting of certain disclosures we have made, if any, of your protected health information
 - f. Obtain a paper copy of this notice from us

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is only an acknowledgment that you have received this Notice of our Privacy Practices.

Patient's Named Printed

Date of Birth

Responsible Party's Printed Name

Signature

Relationship to Patient

Date