CROWN POINT PEDIATRICS
HIPPA POLICY

NOTICE AND ACKNOWLEDGEMENT OF PROVACY AND PROCEDURES

As required by the Health Information Portability and Accountability Act of 1996 IPPA), Crown Point Pediatrics may not use or disclose your personal health information without your authorization.

The Practice has policies and procedures to comply with the HIPPA law. Every attempt has been made to keep the process for patients and staff as efficient as possible. However, the requirements are extensive and take time, effort and cooperation to process requires tasks.

All patients are presented with the certain notices and must sign certain forms. Depending on the course of treatment, some patients may be required to sign additional forms. The following is a summary of the most common notices and forms:

Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Authorization for Use or Disclosure of Protected Health Information: The practice may not use or disclose your health information for purposes other than treatment, payment or health care operations, without your authorization. Your signature on this form indicates that you are giving permission to the people listed on the form, to the people/organizations listed on the form. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to this office.

Complaint: You have the right to complain about the Practice's privacy policies, procedures or actions. The Practice will not engage in any discriminatory or other retaliatory behavior against you because of a complaint.

Request to Amend Protected Health Information: You have the right to request the health information that pertains to you be amended if you believe that is incorrect or incomplete. The Practice will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

Request for Inspection of Protected Health Information: You have the right to request the opportunity to inspect and have health information that pertains to you copied. The Practice will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted, you may request that the decision be reviewed by someone other than the person who originally denied the request.

Request for Accounting of Disclosures of Protected Health Information: You have the right to request an accounting of disclosures of health information that pertains to you.

Confidential Channel Communication Request: You have the right to request that communications concerning your personal health information be made through confidential channels. The Practice will do its best to accommodate all reasonable requests.

Designation of Personal Representative: You have the right to nominate one or more persons to act on your behalf with respect to the protection of health information that pertains to you. By making this request, you are informing the Practice of your wish to designate the names person as your personal representative. You may revoke this designation at any time by signing and dating the revocation of your copy of this form and returning it to this office.

Acknowledge of Receipt of Notice of Privacy Practices:

I acknowledge that I have received and read the above Notice of Privacy and Procedures and that I have had any questions regarding this notice answered to my satisfaction.

____ ________________

Patient/Patient Representative Signature Date

____ ________________

Print Name Representative Title

____

List Names of ALL children

____

Revocation Section:

I hereby revoke this authorization, effective ______/______/______

____ ________________

Signature of Patient/Patient Representative Date

10/08