

**THIS IS A JOINT NOTICE OF PRIVACY PRACTICES FOR:
BALDWIN PEDIATRICS**

528 W BALDWIN ROAD
PANAMA CITY, FL 32405
P: 850-522-1522 F: 850-522-5925

Purpose:

This joint notice of Privacy Practices (“Notice”) presents the information that the Federal Law requires us to give our patients our privacy practices.

We must provide this notice to each patient beginning no later than the date of our first service delivered to the patient, including services delivered electronically, after April 14, 2003. We must make a good faith attempt to obtain written acknowledgment of receipt of the Notice from the patient. We must also have the notice available at the office for patients to request to take with them. We must post the notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the notice to each new patient at the time of service delivery and to any person requesting a notice. We must also post the revised notice in our office as discussed above. Baldwin Pediatrics is required to provide you with this notice pursuant to the privacy regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (PRIVACY RULES).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Obligations:

We are required by law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal obligations, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all health information that we maintain, including health information that we treated or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available to you when you first receive services from us after the date the revised notice becomes effective or upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for our treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you.

Patient Rights

You have certain rights regarding your health information. These rights include:

1. The right to obtain a paper copy of this notice;
2. The right to inspect and copy your health information (copies are available for a reasonable fee)
3. The right to request amendments to your health information you believe to be inaccurate
4. The right to obtain an accounting of Baldwin Pediatrics' uses and disclosures of your health information, subject to certain exceptions;
5. The right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request) and
6. The right to request that communications regarding your health information be sent by alternative means or at alternative locations.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or wish to exercise any of your rights described herein, please contact us using the contact information listed at the end of the notice. You may also may submit a written complaint to the U.S. Department of Health and Human Services upon request. We may support our right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S Department of Health and Human Services.

Contact Officer: Rubina Azam
Address: 528 W Baldwin Road, Panama City, FL 32405
Phone: (850) 522-1522
Fax: (850) 850-522-5925

Patient's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Witness: _____ Date _____