



NOTICE OF PRIVACY PRACTICES

Adopted April 14, 2003

In accordance with the Health Insurance Portability & Accountability Act of 1996, or "HIPAA", Western Michigan Pediatrics, PC will not release or disclose any protected health information about an individual except that which is required for the treatment of the individual, obtaining payment for treatment, or for the operation of our practice. Patients, their authorized representatives, or (if the patient is a minor) their parents or legal guardians, must sign a Consent to permit Western Michigan Pediatrics, PC to use or disclose protected health information about the patient for these purposes. We will comply with HIPAA laws and regulations.

Our Practice may:

- Disclose identifiable health information about you without additional authorization (subject to certain requirements, for public health purposes, for auditing purposes, and in case of an emergency, or when required by law in certain circumstances).
- Make daily telephone or text message reminders about upcoming appointments, and may leave a message about the appointment, and/or send a reminder postcard about the need to schedule routine appointments.
- Only disclose the portion of the individual's medical records that is minimally necessary to continue the individual's treatment, obtain payment for treatment; or properly and efficiently operate our practice.
- Transmit information to be disclosed in accordance with the Notice by telephone, mail, facsimile, courier, electronic, or other means.
- Not use or disclose protected health information for any other purpose without an express Authorization signed by the patient, their authorized representative, or (if the patient is a minor) their parent or legal guardian.
- Change these practices at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area, in our exam rooms, and on our website.
- Appoint a HIPAA Compliance Officer to oversee our practice's use and disclosure of protected health information, to resolve questions about these matters that arise in the operation of our practice, and to assist patients, their families, and this practice in dealing with applicable laws and regulations.

You have the right:

- To inspect your medical records, or to receive a list of circumstances where we disclosed your health information (for purposes other than treatment, payment, or the operation of our practice) in accordance with our policy. This will be done by appointment only, and in the presence of a staff member of Western Michigan Pediatrics, PC.
- To request that Western Michigan Pediatrics, PC be restricted from disclosing your personal health information in carrying out treatment, obtaining payment, or in the operation of our practice. However, we are not required to agree with your requested restrictions.
- To register a complaint if you feel that your protected health information has been improperly used or disclosed.
- To revoke your consent or authorization for use or disclosure of protected health information.

If you have questions or need assistance: Please contact our HIPAA Compliance Officer at (616) 949-6112.

Adopted April 14, 2003
Revised May 1, 2013
Revised September 9, 2020
Revised October 13, 2023



Acknowledgement of Receipt Privacy Notice

Patient name(s):

Date of Birth:

The undersigned acknowledges that Western Michigan Pediatrics, P.C. "Notice of Privacy of Practices" has been offered and/or provided to me.

I understand that I have a right to review the Notice of Privacy of Practices prior to signing this document. The Notice of Privacy of Practices describes types of uses and disclosures protected health information that will occur in the treatment, payment of bills or in the performance of health care operations of Western Michigan Pediatrics for the individual(s) named above.

This Notice of Privacy of Practice also describes my rights and Western Michigan Pediatrics' duties with respect to the patient's protected health information (PHI).

Western Michigan Pediatrics, PC reserves the right to change the privacy practices, in observation with Federal laws that are described in the Notice of Privacy Practices. I understand that I may receive a copy of any subsequent revisions to this policy by requesting it from Western Michigan Pediatrics, P.C.

I am (please select one):

- The patient
- An authorized representative of the patient (please provide proof of authority).
- A parent of a patient who is under the age of 18.
- The legal guardian of the patient (please provide proof of guardianship).

Signature

Printed Name

Date