



Beach Pediatrics  
17742 Beach Boulevard, Suite 360  
Huntington Beach, CA 92647  
(714) 848-0868

## ***Notice of Privacy Policy***

### **Your Information.**

### **Your Rights.**

### **Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

## **OUR PLEDGE**

The protection of our patients' privacy and the confidentiality of their medical information have always been important to us. We understand that you trust us to safeguard your personal information and respect your right to privacy. This notice represents our commitment to maintain the privacy of your protected health information and to inform you of our legal duties and privacy practices, as well as your rights, required by California and federal law. We are legally required to provide you a copy of this notice and to follow the terms of this notice currently in effect.

## **OUR USES AND DISCLOSURES**

### ***How do we typically use or share your health information?***

*We typically use or share your health information in the following ways:*

- Treat you: We use the medical information about you to provide your medical care.
- Bill for your services: We use and disclose medical information about you to bill and get payment from health plans or other entities.
- Run our organization: We may use and disclose this information to run our practice, improve your care, and contact you when necessary.

### ***How else can we use or share your health information?***

*We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.*

- Public health and safety issues: We can share health information about you for certain situations such as: preventing disease, helping with produce recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence.
- Research: With your consent we may use and disclose health information about you for research purposes.
- Comply with the law: We may disclose medical information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Organ or Tissue Donation: Consistent with Federal and State law, we may disclose health information for tissue and organ procurement.
- Judicial and Administrative Proceedings: We are required by law to disclose health information for judicial proceedings, subpoenas, discovery requests or other lawful processes.
- Law Enforcement: We may disclose your health information to a law enforcement official for the purposes such as, identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- Medical examiner or funeral director: We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.
- Change of Ownership: In the event that this medical group is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
- Fundraising: With your consent we may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities.

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request confidential communications
- Ask us to limit what we use or share. We are not required to agree to your request, and we may say “no” if it would affect your care.
- Get a list of those with whom we have shared information
- Get a copy of this privacy notice at any time
- Choose someone to act for you
- File a complaint if you feel your rights are violated

## **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

## **QUESTIONS OR COMPLAINTS**

Questions related to this Privacy Notice can be directed to our office by phone or email. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be penalized for filing a complaint.

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