

CASCADE PEDIATRICS, LLP PRIVACY POLICY

This notice describes how medical information we collect about you/your child may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

Each time you or your child visits a healthcare provider, a record of your visit is made. Typically, this record contains child's symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We use this information, often referred to as your child's health or medical record, as a basis for planning his/her care and treatment, a means to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that your child received. In any other situation, we will ask your written authorization before using or disclosing identifiable health information about your child. If you choose to authorize us to disclose information for any other purpose, you can later revoke that authorization to stop any future uses and disclosures. Understanding what is in your child's record and how your child's health information is used helps you to ensure its accuracy. It also helps to better understand why others may access your child's health information.

Cascade Pediatrics, LLP may contact you by phone or mail, to provide appointment reminders or information about test results, treatment alternatives, or other health related benefits and information that the physician thinks may be helpful to you. Immunization notices may be sent if vaccines are overdue or in the event of shortage. It may be necessary to leave a message on the answering machine if you are not at home.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notices and post the new notice in the waiting room. You can also request a copy of our notice at any time. For more information about our privacy practices, please contact the office.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of health information about your child that we use to make decisions about your child. If you request copies, we will charge a fee for each page. You also have the right to receive a list of instances when we have disclosed health information about your child for reasons other than treatment, payment or related administrative purposes. If you believe that information in your child's record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your child's information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your child's record, please contact the office. You also may send a written complaint to the United States Department of Health and Human Services. The office can provide you with the appropriate address upon request.

OUR LEGAL DUTY

We are required by law to protect the privacy of your child's information, provide this notice about our information practices, and follow the information practices that are described in this notice and in our policy.

If you have questions or complaints, please contact:

Cascade Pediatrics, LLP
5150 Cascade Road, SE, Suite B,
Grand Rapids, MI 49546
Telephone: 616-940-3168
Fax Number: 616-940-3352

PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge receipt of this notice of information practices on behalf of my child listed below. I understand that I may request additional restrictions on the use and disclosure of my child's protected health information or for additional confidential treatment of communications to me/them.

Parent /Guardian Signature

Relationship to Patient

Date

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth
