



57 Bedford Street, Suite 100, Lexington, MA 02420 781-862-4110 | fax 781-863-2007 | www.lexpeds.com

## **Notice of Privacy**

Notice of Privacy Practices / HIPAA THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- 1. LEXINGTON PEDIATRICS is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
  - a. For treatment- PROVIDING INFORMATION TO A SPECIALIST WE HAVE REFERRED YOU TO
  - b. For payment SENDING OR RESPONDING WITH YOUR HEALTH INSURANCE CARRIER
  - c. For health care operations OPERATIONS REVIEW: MEDICAL LEGAL, FRAUD & ABUSE
- 2. LEXINGTON PEDIATRICS is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
- 3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
- 4. LEXINGTON PEDIATRICS intends to engage in (n)one or more of the following activities:
  - a. LEXINGTON PEDIATRICS may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
  - b. LEXINGTON PEDIATRICS may contact the individual to serve as a source of data for medical research.
  - c. LEXINGTON PEDIATRICS may contact the individual to serve as a source of information for public health officials in charge of improving the health of the nation.
- 5. The individual has the following rights regarding protected health information:
  - a. The right to request restrictions on certain uses and disclosures of protected health information. LEXINGTON PEDIATRICS is not required to agree to a requested restriction however.
  - b. The right to receive confidential communications of protected health information, as applicable.
  - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation 45 CFR 1664.524.
  - d. The right to amend protected health information as provided in the Privacy Regulation 45 CFR 164.528.
  - e. The right to receive an accounting of disclosures of protected health information.
  - f. The right to obtain a paper copy of this Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

Lexington Pediatrics 57 Bedford St, Suite 100, Lexington, MA 02420

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- 6. LEXINGTON PEDIATRICS is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
- 7. LEXINGTON PEDIATRICS is required to abide by the terms of the Notice currently in effect.
- 8. LEXINGTON PEDIATRICS reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
- 9. LEXINGTON PEDIATRICS will provide individuals or patient with a revised Notice by distribution at the next visit after the revisions.
- 10. Individuals may complain to LEXINGTON PEDIATRICS and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: IN WRITING OUTLINING THE SOURCE, DATE AND REASON. 11. LEXINGTON PEDIATRICS' contact person for matters relating to complaints is: PRACTICE ADMINISTRATOR 781-862-4110 57 Bedford Street, Suite 100 LEXINGTON, MA 02420
- 12. This notice is first in effect on June 6, 2017

Additional Patient Name(s):

13. LEXINGTON PEDIATRICS elects to limit the uses or disclosures that it is permitted to make, as follows:

We will not use or disclose your health information without your authorization except as described in this notice.

Practices (HIPAA).	
Patient Name	
Individual/GUARDIAN'S Signature	
Date:	

Notice of Privacy Practices I hereby acknowledge that I have received a copy of LEXINGTON PEDIATRICS Notice of Privacy