



Victoria Pediatrics and Adolescents Assoc., Félix F. Regueira, M.D.

4304 Retama Circle, Victoria, Texas. 77904, 361-576-2134

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you and your child may be used and disclosed and how you can get access to this information. Please read it carefully.

Victoria Pediatrics and Adolescent Associates is committed to maintaining patient confidentiality while complying with all state and federal regulations in regards to protected health information. This policy was put in place as a result of the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA. The new laws were designed to protect and enhance rights of consumers by providing you with access to your health information and controlling the inappropriate use of that information.

STATEMENT OF USES AND DISCLOSURES

Protected Health Information, (PHI) is covered by state and federal laws. Therefore, the release of this information is carried out under strict guidelines. As a patient of this health care facility, a consent form is obtained for the release of medical information for the purpose of payment, treatment, and health care operations. This consent is obtained on the first date of service, and updated every year thereafter.

The disclosure of health information requires an authorization signed by the patient or representative for the following purposes. The authorization is revocable in writing 90 days from the date signed.

Examples;

- Life and Health Insurance Applications
- Selection of a new physician
- Release of Information to attorneys
- Release of Information to Patient/Legal Guardian

We may use or disclose identifiable health information without your authorization for the following purposes; public health reporting, auditing purposes, research studies, workers compensation and emergency care.



Victoria Pediatrics and Adolescents Assoc., Félix F. Regueira, M.D.

4304 Retama Circle, Victoria, Texas. 77904, 361-576-2134

STATEMENT OF INDIVIDUAL RIGHTS

Under HIPAA regulation patients have virtually unlimited access to their own health care information. Patient rights include:

- Consent to the use and disclosure of protected health information to carry out treatment, payment, or health care operations.
- Receive notice of privacy practices as part of the required consent form or process.
- Access protected health information.
- Receive an accounting of how their protected health information has been disclosed outside normal patient care channels.
- Agree or object to certain disclosures
- Request amendment or correction to protected health information
- Request restrictions on use of protected health information for treatment, payment, or health care operations.

Federal and State laws require VPAA to maintain the privacy of confidential information and to provide our patients with notice of legal duties and privacy practices. We are required to abide by this Notice currently in effect. We reserve the right to change the terms of this Notice and to provide our patients with the revised copy immediately.

Any concerns or questions regarding this Notice may be directed to the Office Administrator and VPAA at 361-576-2134.

By signing this form I acknowledge that VPAA has provided me with a copy of their privacy policy,

Name/Date/Relationship to patient

Patient Name and D.O.B.

Witness