

MONTGOMERY PEDIATRIC ASSOCIATES, P.A.

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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

This is a summary of our Notice of Privacy Practices which describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We are required by law to maintain the privacy of your protected health information. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. We may use or disclose your protected health information in certain situations without your authorization or opportunity to agree or object.

We will share protected health information with third party "business associates" that perform various activities (e.g. billing, accounting, and outside labs) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information in an emergency treatment situation if, in your physicians professional judgement, the use or disclosure is in your best interest. We may use or disclose your protected health information to the extent that such use or disclosure is required by law. We may use or disclose your protected health information for public health activities, and purposes to a public health authority that is permitted by law to collect or receive the information. We may disclose your protected health information to a public authority that is authorized by law to receive reports of child abuse or neglect.

Protected health information will be stored at this facility for ten years. It will then be shredded unless requested by patient.

Child/Children's Name(s): _____

Parent/Guardian's Signature

Relationship

Date: _____

May discuss/release information to: _____
