

WATERBORO VILLAGE PEDIATRICS
NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION

Our commitment to your privacy

Village Pediatrics is dedicated to maintaining the privacy of your health care information and to provide you with a notice of our privacy practices. We are required to abide by the terms of the notice that is currently in effect. We reserve the right to change our privacy practices at any time. If our privacy practices change, we will post a revised notice in our office and have available a copy of the revised notice at your next visit following the change.

Our use of your health care information

We may use your information for treatment, payment and health care operations. For example:

- **For treatment:**
We may use your information to coordinate referrals to another health care provider.
- **For payment:**
We may submit portions of your information to your insurance carrier or other third party for payment purposes.
- **For health care operations:**
We may use your information in the course of quality assurance, evaluation, training, or audit activities.

We may also disclose information without your authorization as permitted or required by applicable law for any of the following purposes:

- To a parent, guardian, or other adult care giver authorized to make healthcare decisions for a minor patient
- To comply with public health statutes and rules
- To make any required reports of abuse or neglect
- To comply with health oversight activities by government agencies (for example a licensure survey)
- To comply with a court order or survery, government subpoena, or other lawful process for research purposes
- For reserach purposes
- In the even of your death, to a medical examiner or funeral director as necessary, for organ or tissue donation purposes
- To avert a serious threat to health or safety
- For workers compensation purposes

Your rights regarding your health information

You have the right to request restriction on the use and disclosure of your information. However, we are not required to agree to your requested restrictions. It is our policy not to agree to such a restriction unless we determine that a compelling reason exists to do so.

- You can request that our practice communicates with you about your health and related issues in a

particular manner or at a certain location. For instance, you may request in writing that we contact you at home, rather than work. We will try to accomodate reasonable requests.

- You have the right to inspect and obtain a copy of your health information. If you wish to do so, we will provide you with an opportunity to inspect your information within 30 days of receiving your written request. You may be charged reasonable costs of copying your information or preparing summaries that you requested.
- You have the right to amend your health care information. If you wish to do so, please submit the proposed amendment in writing to Village Pediatrics Privacy Officer. You must provide us with a reason that supports your request for amendment.
- You have the right to an accounting of any disclosures of your health care information that you have not authorized, please submit a request in writing to Village Pediatrics Privacy Officer.
- You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice contact the Privacy Officer at Village Pediatrics.
- If you believe rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services.

Privacy Officer
Village Pediatrics
P.O. Box 454
43 Sokokis Trail
Waterboro, ME 04030

- All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- Village Pediatrics will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Any questions regarding the privacy policies call 207-247-6742 and ask for the privacy officer.

Acknowledgment of Payment Responsibility

The undersigned patient, or, in the case of a minor patient, the undersigned parent or guardian agrees to be responsible for paying all costs associated with the care of the patient. If the patient is covered by health insurance, the undersigned agrees to be financially responsible in the event that some or all payments are denied by insurance carrier or other third party payor. The undersigned is also responsible for charges not covered by insurance, such as deductibles, copayments, and co-insurance. I authorize any health insurance carrier or other third party that is responsible for paying for the care of the patient to make payment directly to Waterboro Village Pediatrics.

The undersigned acknowledges that he/she has received, read, and understands the rights and obligations set forth in this Notice of Privacy Practices and Authorization.

Name of Patient: _____

Date: _____

Signature of Patient (or Parent/ Legal Guardian if Patient
is a minor)