



# Pediatric Interactions

Helping Children Better Communicate

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## **Summary of Notice of Privacy Practices for Pediatric Interactions**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

This Summary of Notice of Privacy Practices is provided to every patient with whom Pediatric Interactions has a direct treatment relationship with as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Please see the entire Notice of Privacy Practices for Pediatric Interactions Inc. posted in clinic waiting rooms for more specific details. Acknowledgment of the receipt of this Notice is obtained by a family's signature on Pediatric Interaction's "Service Agreement".

### **I. Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations**

Pediatric Interactions may use your/your child's protected health information (any of written or oral health information, including demographic data that can be used to identify you or your child or that relates to past, present or future physical or mental health or condition) for the purposes of:

- Providing treatment (including providing, coordinating or managing your/your child's health care and any related services);
- Obtaining payment for treatment (which may include certain communication to your health insurer to determine eligibility and verification of benefits under your health plan, get approval for recommended treatment, demonstrate medical necessity of the services or as required for review); and/or
- Conducting health care operations (those activities to facilitate the function of Pediatric Interactions and to provide quality care to all clients, which may include: quality assessment and improvement activities; employee review activities; training programs including those in which students, trainees, or practitioners in health care learn under supervision; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance review, medical reviews, legal services and maintaining compliance programs; business management and general administrative activities).
- As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes: to remind you of an appointment; to inform you of potential treatment alternatives or options; to inform you of health-related benefits or services that may be of interest to you; and/or to contact you to raise funds for the practice or an institutional foundation related to the practice. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer expressly authorized by such order or in the response to a signed authorization.

### **II. Details of Other Uses and Disclosure Beyond Treatment, Payment and Health Care Operations Permitted stated in entire Notice of Privacy Practices for Pediatric Interactions Inc. posted in clinic waiting rooms.**

### **III. Your Rights regarding your/your child's health information**

- To Inspect and Copy Your Protected Health Information;
- To Request a Restriction on use and Disclosures of Your Protected Health Information;
- To Request to Receive Confidential Communications From Us by Alternative Means or at Alternative Location;
- To Have Your Health Care Provider Amend Your Protected Health Information;
- To receive an accounting of disclosures for the purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices; and
- The right to obtain a paper copy of this notice.

### **VI. Complaints**

Please contact the Privacy Officer, Mike White, at Pediatric Interactions, Inc. 15 Commerce Dr., Suite 116, Grayslake, IL 60030 in writing and describing the acts or omissions that are the subject of the complaint within 180 days of the time the patient becomes aware or should have become aware of the violation. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You also have the right to express complaints to the practice and to the Secretary of the Federal Department of Health and Human Services (DHHS) if you believe that your privacy rights have been violated.

**This Notice is effective April 14, 2003 and will be posted in the clinic waiting rooms. Pediatric Interactions Inc. is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected**