



AMHERST PEDIATRICS  
HIPAA ACKNOWLEDGMENT FORM

Print Patient Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this, I acknowledge that I have received a copy of Amherst Pediatrics Notice of Privacy Practices (HIPAA).

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

If the signature above is not the patient's, please specify your relationship to the patient:

\_\_\_\_\_

Date: \_\_\_\_\_

Amherst Pediatrics, LLP  
Notice of Patient Privacy Rights  
EFFECTIVE APRIL 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

**Amherst Pediatrics is committed to protecting the privacy of our patient's health information.**

We are required by law to provide you with written notice of our duties and privacy practices with respect to protected health information. We will comply and keep current with all federal and state standards to keep your or your child's medical information private and confidential.

**Uses and Disclosures of Health Information**

The following describes how we may use and disclose health information:

- ❖ **Treatment:** We may use or disclose health information to another physician or healthcare professional providing care to you or your child.
- ❖ **Payment:** We may use and disclose health information to obtain payment for services provided to you or your child.
- ❖ **Healthcare Operations:** We may use and disclose health information in connection with our operations. This may include but is not limited to calling patients by name in the waiting area or contacting patients by phone to remind of appointment or to facilitate payment.

You have the right to give us written authorization to use or disclose you or your child's health information for any purpose. At any time you may revoke this authorization in writing.

We may use or disclose health information, without authorization, as required by law, in cases of public health, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration, Legal proceedings, law enforcement, coroners, funeral directors and organ donations, criminal activity, military activity and national security, workers compensation, inmates and other required uses and disclosures.

**Patient Rights**

- ❖ **Access:** you have the right to inspect and copy your or your child's health information, with limited exceptions. This means you may inspect and obtain a copy of health information about yourself or your child that is contained in a record set for as long as we maintain health information. A record set contains

medical and billing records and other records the physician and Amherst Pediatrics uses for making decisions about your child.

- ❖ **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of health information. We are not required to agree to these restrictions, but if we do we will abide by our agreement unless information is needed to provide emergency treatment.
- ❖ **Alternative Communications:** You have the right to request that we communicate with you about you or your child's health information by alternative means or to alternative locations.
- ❖ **Disclosure Accounting:** You have the right to receive a list of instances in which Amherst Pediatrics or our business associates disclosed your or your child's health information for purposes other than treatment, payment or healthcare operations as described in this notice. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. Certain exceptions, restrictions and limitations may apply.
- ❖ **Amendment:** You have the right to request that we amend your or your child's health information. (Your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.
- ❖ You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

### **Questions and Complaints**

If you would like more detailed information a lengthier notice is available upon request.

If you believe your privacy rights have been violated or you disagree with a decision made in response to your request about any of the matters stated above, you may file a written complaint with us or with the U. S. Department of Health and Human Services.

We support your right to the privacy of your or your child's health information. We will not retaliate in any way should you choose to file a complaint.

Please contact us at the following address

Amherst Pediatrics, LLP  
31 A Hall Drive, Suite 2  
Amherst, MA 01002

Wendy Kosloski, LPN  
Practice Manager