



## Hummingbird Pediatrics HIPAA Compliance Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature in the registration form that you have reviewed our notice before signing this consent.

You have the right to restrict how your protected health information (PHI) is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

### **USE AND DISCLOSURE OF YOUR PHI BY HUMMINGBIRD PEDIATRICS**

Hummingbird Pediatrics may use or disclose your PHI to carry out its responsibilities as a healthcare provider. Hummingbird Pediatrics may use or disclose your PHI without your written authorization for the following reasons:

- **Treatment.** Hummingbird Pediatrics may disclose PHI to physicians, nurses, technicians, hospitals, medical students or other personnel who are involved with the administration of your care at Hummingbird Pediatrics or other locations.
- **Payment.** We may use and disclose PHI so that payment for the treatment and services you receive at Hummingbird Pediatrics or from other entities, such as an ambulance company, may be billed to and collected from you, or an insurance company or third party. We may also need to disclose this information to insurance companies to establish insurance eligibility benefits for you.
- **Healthcare Operations.** "Healthcare operations" at Hummingbird Pediatrics include activities related to improving quality of care, staff training, medical education, and business management.
- **Appointment Reminders, Information about Healthcare Related Benefits and Treatment Alternatives.** We may use and disclose medical information to contact you as a reminder that you have an appointment for a treatment or medical care at Hummingbird Pediatrics or to inform you of treatment alternatives or other healthcare services or benefits that we offer.
- **As Required By Law.** We will disclose PHI when required to do so by federal or state law, including in response to a court or administrative order, subpoena, discovery request, warrant, summons or other lawful process. Hummingbird Pediatrics may also disclose PHI to law enforcement personnel or similar persons to avoid a serious threat to the health or safety of a person or the public.



- Emergency situations when your authorization cannot be reasonably obtained, including for disaster relief purposes;
- To business associates (outside vendors or consultants that perform services on behalf of Hummingbird Pediatrics and are contractually required to appropriately safeguard your information);
- To other healthcare facilities where Hummingbird Pediatrics physicians and healthcare professionals have privileges or to physicians from other healthcare facilities who see patients at Hummingbird Pediatrics;
- With your agreement, to a family member, relative, close personal friend, or any other person you identify;
- To report abuse, neglect, or domestic violence as required by state or federal law;
- For public health and health oversight activities, such as preventing or controlling disease or investigations;

You may revoke your permission at any time by writing to the Practice Administrator at the address below. Once you revoke your permission, we will stop using or disclosing such information for the reasons covered by your written authorization. However, we cannot take back any disclosures made with your permission. We will retain our records of the care provided to you as required by law.

Address- Hummingbird Pediatrics

2306 N Alexander Dr

Baytown, Texas 77520