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NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003, revised federal regulations restrict the use and disclosure of your private health information (PHI) by our practice and other organizations. It has been, and continues to be, the policy of our practice to protect the privacy of our patient's health information and to comply with any regulations regarding the use and disclosure of patient health information. The following summarizes the new law and under what circumstances it may be disclosed.

PERMITTED DISCLOSURES

Our practice is permitted to use and disclose your PHI for treatment, payment and health care operation purposes. These uses include sharing your PHI with other health care providers for confirmation of a diagnosis, using your PHI to accurately bill services we provide to you, providing your PHI to your insurance company for reimbursement, to remind you of appointments and as part of our quality improvement program.

We are also permitted to disclose your PHI in compliance with guidelines outlined by law and when required to do so by various government agencies. We may also disclose your PHI to family members, relatives or close personal friends when the information we disclose is relevant to the individual's involvement with your care or is required to assist in your health care (for example: pick-up prescriptions or other documents, note follow-up care instructions, etc.). We will disclose your PHI when we refer you to other physicians or providers of health care. Finally, we reserve the right to change a privacy practice described in this notice as may be permitted or required by law to make such change effective for all protected health information.

RESTRICTED DISCLOSURES

You have the right to request restrictions on certain uses and disclosures of your PHI and to request portions of your PHI be amended. However, our practice is not obligated to agree to request restrictions or to amend your PHI in the manner you request. You also have the right to inspect and receive a copy of your PHI, but must pay a reasonable charge for the labor and costs associated with copying your PHI. Finally, you have a right to receive an accounting of disclosures of your health information.

AUTHORIZATION FOR OTHER USES

Our practice will make other uses and disclosures of your protected health information ONLY after obtaining your written authorization, at any time, by notifying us in writing that you wish to revoke your authorization.

CONCERNS

If you believe your privacy rights have been violated, you may make a complaint by contacting Tiffany Stewart at The Pediatric Associates, 947 S. Fifth St., Montrose, CO 81401, or call (970) 249-2421. You can also contact the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street – Room 1185 FOB, Denver, CO 80294. No individual will be retaliated against for filing a complaint.

Patient name – list all in household

Guarantor Signature

Date