

Snellville Pediatrics., P.C.
Patient Privacy Act Notice

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996 (Federal Law). Of significant concern to healthcare organizations is the Administrative Simplification Section of the Act, which requires healthcare organizations to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals, employers
- Healthcare Transaction and Code Sets for transmitting data electronically
- Privacy regulation over disclosure and use of health information
- Security regulations over protection of electronic health information

It is our policy **not** to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail and/or cell phone. However, we will confirm appointments by telephone. Whenever returning phone calls and the answering machine picks up, we do **not** leave a message if the name or telephone number is **not** on the recorded message to identify the residence. Information will also **not** be left with an unauthorized person who may answer the phone. If you would like to have information released to someone other than yourself, please complete the following:

I, _____, hereby authorize Snellville Pediatrics, PC and staff to leave medical information pertaining to the following children.....

Child (full name)	Date of Birth	
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....by the following methods and will assume responsibility to notify them whenever this information changes.

Home Telephone _____ yes ___ no ___ Cell Phone _____ yes ___ no ___
Work Telephone _____ yes ___ no ___ Pager _____ yes ___ no ___

I, _____, hereby authorize Snellville Pediatrics, PC and staff to fax or mail medical information pertaining to the above listed children to a referral physician, pharmacy or hospital and will assume responsibility to notify your office whenever this information changes.

Please list the names of people our staff can discuss your child (children's) medical care with:

	<u>Print Name</u>	<u>Contact Phone</u>
Spouse	_____	_____
Parent	_____	_____
Other	_____	_____

Signature of Parent/Guardian _____ Date: _____

I, _____ have been informed that a copy of Snellville Pediatrics, PC Notice of Privacy Practice is posted in the office. A copy will be furnished to me upon my request.

If you choose **not** to sign this acknowledgement form, please sign: _____
Parent or Guardian
_____ Date