NOTICE OF PRIVACY PRACTICES

American Kids Care, PC
5312 Carolina Place, Springfield, VA 22151
Phone: 703-914-2723
Effective Date: January 2024

This Notice describes how medical information about your child may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR CHILD'S PRIVACY

At **American Kids Care, PC**, we are committed to protecting the privacy of your child's health information. We create a medical record of the care and services your child receives at our practice. We are required by law to:

- Maintain the privacy of your child's protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Notify you if a breach occurs that may compromise the privacy or security of your child's PHI
- Follow the terms of this Notice

HOW WE MAY USE AND DISCLOSE YOUR CHILD'S HEALTH INFORMATION

We may use or share your child's PHI for the following purposes without your written permission:

1. Treatment
To provide, coordinate, or manage your child's medical care.
Examples:
- Sharing information with specialists, labs, or pharmacies
- Consulting with another provider about your child's condition

2. Payment
To bill and receive payment for services.
Examples:
- Sending claims to your insurance plan
- Verifying coverage or medical necessity

3. Healthcare Operations
For activities that support our practice's operations.
Examples:
- Quality improvement
- Training healthcare professionals
- Appointment reminders or patient portal messages

OTHER USES AND DISCLOSURES ALLOWED BY LAW

We may also use or disclose PHI in the following situations:

- Public health reporting (immunizations, communicable diseases, child abuse or neglect)
- Health oversight activities (audits, inspections)
- Judicial or administrative proceedings (court orders)
- Law enforcement purposes
- To avert a serious threat to health or safety
- Specialized government functions (military, national security)
- Workers' compensation
- Coroners, medical examiners, and funeral directors
- Research, when approved by an Institutional Review Board

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

*We will **not** use or disclose your child's PHI without your written permission for*:

- Marketing
- Sale of PHI
- Most sharing of psychotherapy notes
- Any other use not described in this Notice

You may revoke your authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH INFORMATION

As a parent or legal guardian, you have the right to:

1. **Access:** Request to see or obtain a copy of your child's medical record.
2. **Amend:** Request corrections to your child's record if you believe it is incomplete or inaccurate.
3. **Confidential Communications:** Request that we contact you in a specific way (e.g., different phone number or address).
4. **Restrict Disclosures:** Request limits on how we use or share PHI.
   (We are not required to agree, except for disclosures to health plans when you pay in full out-of-pocket.)
5. **Accounting of Disclosures:** Request a list of certain disclosures we have made.
6. **Paper or Electronic Copy:** Request a paper or digital copy of this Notice at any time.
7. **Breach Notification:** Receive notice if a breach occurs involving your child's PHI.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your child's PHI
- Notify you promptly if a breach occurs
- Follow the terms of this Notice
- Not use or share PHI other than as described here unless you authorize it

We may change this Notice at any time. The updated Notice will be posted in our office and on our website.

QUESTIONS OR COMPLAINTS

If you have questions or believe your privacy rights have been violated, you may contact:

Privacy Officer:
Abdussalam Cheema
American Kids Care, PC
5312 Carolina Place
Springfield, VA 22151
Phone: **703-914-2723**

ACKNOWLEDGMENT OF RECEIPT

You may be asked to sign a form acknowledging that you received this Notice.