

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Pediatric Acute Care Medical Associates, Inc. respects your right to privacy. We are committed to protecting your privacy by protecting your records and personal information. All employees shall respect this right. We will update this policy as necessary and post any changes for your review. You may ask for a current copy at any time.

Pediatric Acute Care Medical Associates, Inc. may disclose your information to others when required to by law or when it is felt to be in the best interest of our patients and families. Information may be disclosed to help provide treatment, coordinate and manage your health care and related services. This extends to the need to obtain payment for these services as well as to providing these services. Your information may also be used to review our treatments and services in our quality improvement programs. We are permitted to use this information to carryout needed services related to our routine business operations.

Pediatric Acute Care Medical Associates, Inc. will also share your information with individuals involved in your treatment plans, as well as with family members and persons responsible for your well-being and safety. You may limit this disclosure if you do so in writing.

Pediatric Acute Care Medical Associates, Inc. is permitted to disclose your information without your specific permission or authorization for a number of other reasons, including the following. When we are legally required to do so, for Public Health concerns, to report Suspected Abuse, Neglect, or Domestic Violence. We may also share this information to Conduct Health Oversight activities in conjunction with Judicial and Administrative procedures. Your information may be provided to Coroners and Funeral Directors, for organ donation lists, or for research purposes. Additionally, in the event of a serious threat to the health and safety of the community, or for specific government purposes, or for workers compensation issues, we may disclose your personal information as required by law. This list is not all-inclusive, and there are other situations where we may be required to obtain your permission prior to revealing your information to others. Your permission to release information may be revoked at any time.

Patient Rights

You have the right to inspect or copy your health information files. If there is ever any reason to deny you access to your records, you will be informed of why in writing. You may also restrict our use of your information or its release to others either in part or in entirety. You also have the right to request that we communicate with you through alternative means such as telephone or mail. You may also request an accounting of the use of your information, listing to whom it was disclosed and why. You also have the right to obtain a written hard copy of this notice.

You may ask any of our staff in person, or write to **Pediatric Acute Care Medical Associates, Inc.** to exercise your rights or to file complaints regarding this policy. You may also telephone our staff at (661) 705-3340. For written requests or complaints, contact us at our website www.pedacutecare.com. or write to us addressed to:

Pediatric Acute Care Medical Associates, Inc. c/o
Privacy Officer
P.O BOX 571027 Tarzana, CA 91357

Additionally, you may complain to the U.S. Department of Health and Human Sciences, Office of Civil Rights.