

# HIPAA NOTICE OF PRIVACY PRACTICES

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Western Loudoun Pediatrics Inc.  
201 Maple Avenue, Suite 201  
Purcellville, VA 20132

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

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us, which we need to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care at Western Loudoun Pediatrics Inc. This notice tells you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect

How we may use and disclose health information about you:

- For treatment
- For payment
- For health care operations
- As required by law
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Public health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- National security and Intelligence activities
- Protective Service for the President and others

Your rights regarding Health Information about you:

- Rights to inspect and copy
- Right to amend
- Right to accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

Complaints:

- If you believe that your privacy rights have been violated you may file a written complaint with us. You may also contact the Secretary of United States Department of Health and Human Services.

I acknowledge Receipt of this Notice:

Patient Name: \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_