

**SQUARE ONE**  
**SPECIALISTS IN CHILD AND ADOLESCENT DEVELOPMENT**  
**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

Healthcare Operations. We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician/therapist. We may also call you by name in the waiting room when your physician/therapist is ready to see you. We may use or disclose your protected health information, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose you protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send your newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

**Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Other Permitted and Required Uses and Disclosures that may be made with Your Authorization or Opportunity to Object.**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of you protected health information, then your physician/therapist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protect health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or another person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or their individuals involved in your health care.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician/therapist shall try to obtain your acknowledgement of our Privacy Practices as soon as reasonably practicable after the deliver of treatment. If your physician or another professional in the practice is required by law to treat you and the physician/therapist has attempted to obtain you acknowledgement, but is unable, he or she may still use or disclose your protected health information for treatment, payment and health care operations.

Communication Barriers. We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain an acknowledgement of our Privacy Practices from you, but is unable to do so due to substantial communication barriers.

**Other Permitted and Required Uses and Disclosures that may be made with Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations with acknowledgement or authorization. These situations include:

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|--------------------------------|-------------------------|--|---------------------------------|
| * Required by Law              | * Legal Proceedings     | * Military Activity and National Security        | * Public Health                 |
| * Law Enforcement              | * Worker's Compensation | * Communicable Diseases                          | * Research                      |
| * Food and Drug Administration | * Health Oversight      | * Criminal Activity                              | * Required Uses and Disclosures |
| * Abuse or Neglect             | * Inmates               | * Coroners, Funeral Directors and Organ Donation |                                 |

**Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to Inspect and copy your protect health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that you physician and the practice uses for making decisions about you.

Under federal law, however: you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.