

Grove Pediatrics & Adolescent Medicine

3930 Pender Dr, Suite 330, Fairfax, VA 22030 | Tel: 703-246-0022 | Fax: 703-246-0080
www.grovekid.com | contact@grovekid.com

Notice of Privacy Practices

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 Privacy

Grove Pediatrics is required by law to maintain the privacy of your child's protected health information (PHI), provide this notice describing our legal duties and privacy practices, and follow the terms of the notice currently in effect.

How We May Use and Disclose Health Information

- **Treatment:** to provide, coordinate, or manage your child's care, and to consult with other health care providers involved in that care.
- **Payment:** to bill and collect payment for services from you, an insurer, or a third party.
- **Health Care Operations:** for quality assessment, staff training, and other activities needed to run and improve the practice.
- **Appointment Reminders and Health-Related Information:** to contact you about appointments or treatment options that may be of interest.
- **Individuals Involved in Care:** to a family member, friend, or other person you identify, who is involved in your child's care, unless you object.
- **As Required by Law:** when required by federal, state, or local law, or in response to a valid legal process.
- **Public Health and Safety:** for purposes such as preventing disease, reporting suspected abuse or neglect, or averting a serious threat to health or safety.

Uses That Require Your Written Authorization

Other uses and disclosures not described above (for example, most uses of psychotherapy notes, or the sale of health information) will be made only with your written authorization. You may revoke that authorization in writing at any time.

Your Rights Regarding Your Child's Health Information

- Right to inspect and obtain a copy of the medical record.
- Right to request an amendment if you believe information is incorrect or incomplete.
- Right to request an accounting of certain disclosures we have made.
- Right to request restrictions on certain uses or disclosures.
- Right to request confidential communications by an alternative means or location.

- Right to receive a paper copy of this notice upon request.
- Right to file a complaint if you believe your privacy rights have been violated.

Our Responsibilities

We are required to maintain the privacy of health information, provide this notice of our legal duties and privacy practices, and abide by the terms currently in effect. We reserve the right to change the terms of this notice and will make the new notice available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at the address above, or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

Effective Date: This notice is effective as of the date of your first visit and remains in effect until replaced.