

Premiere Pediatrics

Use and Disclosure Policy

Premiere Pediatrics may use and disclose protected health information (PHI) about your child for treatment, Payment, and Healthcare Operations (TPO). Please refer to Premiere Pediatrics Notice of Privacy Practices for a more complete description of such uses and disclosures.

As part of my child's health and medical care, Premiere Pediatrics originates and maintains medical and health records describing each child's health history, symptoms, examinations, and test results, diagnoses, treatment, and any plans for future care or treatment. Photographs or other images may be recorded to document care. Such images will be maintained solely as part of my protected health information and Premiere Pediatrics will retain the ownership rights to these images. Parents and or Legal representatives will be allowed access to view them and/or obtain copies. The use and disclosure of collected information serves as:

- A basis for planning care and treatment
- A means of communication among the health professionals who contribute to your child's care
- A source of information for applying any diagnosis and treatment information to the patient bill
- A means for a third-party payer to verify that services were billed as actually provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

All patients of Premiere Pediatrics, must complete and sign the patient registration forms, thus agreeing to the terms listed in this policy. This agreement authorizes the release of information and shall apply to all information accumulated up to this date and to any information acquired in the future. This agreement to release future information shall remain in force until such time as I shall revoke it in writing.

Patient Rights:

- You may request a copy of the Patient Privacy Notice that provides a more complete description of information uses and disclosures.
- You have the right to review the Patient Privacy Notice prior to signing the consent listed on the Patient Registration.
- You have the right to object to the use of my health information for directory purposes.
- You have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.
- You have the right to assign consent for other specified individuals to bring your child/children to appointments, in writing.
- You have the right to assign the release of information to other specified parties, in writing.
- Permissions will only be granted by written consent, and will remain in effect until written revoke.
- You have the right to restrict individuals from account access in certain situations.

Premiere Pediatrics reserves the right to change their notice and practices at any time. Premiere Pediatrics is not required to agree to the restrictions requested, but if agreed upon, is bound by this agreement. A revised copy may be obtained by forwarding a written request to Premiere Pediatrics Privacy Officer at 3261 24TH Ave NW, Suite 101, Norman, OK 73069

I understand that I must revoke this consent in writing, accept to the extent the organization has already taken action in reliance thereon.

By Oklahoma law we are required to notify you, that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea, the Human Immunodeficiency Virus, and AIDS.