248 PLEASANT STREET, SUITE 2600
CONCORD, NEW HAMPSHIRE 03301
Phone (603) 224-1929
Fax (603) 228-7114
www.concordpediatricsnh.com

CPPA Privacy Notice (Patient Over 18)

This notice describes how medical information about each patient may be used and disclosed by Concord Pediatrics, PA (CPPA) and how you can get access to this information. ***Please read it carefully.***

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations, CPPA and all similar health care providers are required by federal law to maintain the privacy of patient protected health information ("PHI") and will abide by the terms in this Privacy Notice.

Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without authorization. Our practice may use or disclose patient PHI in accordance with the specific requirements of the HIPAA rules without CPPA needing to obtain authorization if any of the following instances occur:

1. Required by law
2. Required for public health purposes
3. Required disclosures about victims of abuse, neglect or domestic violence,
4. Required by health oversight agency for oversight activities authorized by law,
5. Required in the course of any judicial or administrative proceeding,
6. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public,
7. Required for a law enforcement purpose to a law enforcement official,
8. Required by a coroner or medical examiner,
9. Required by an organ procurement organization or for research

I understand that Concord Pediatrics, PA may use and disclose protected health information about me to carry out treatment, payment and health care operations.

I understand that Concord Pediatrics, PA may call, text or mail or send a message through the Patient Portal to my home or other designated location and leave or send information that assists in the care and treatment of me.

By Federal law, when a patient turns 18 years old, parents and/or guardians will no longer be permitted access to the patient's medical records, information, providers, billing inquiries or appointment status without specific written permission by the patient. Patient Portal access will automatically cease.

Please sign below to consent to Concord Pediatrics PA (CPPA) using and disclose the patient PHI to carry out treatment, payment and health care operations. I may revoke consent in writing except to the extent that the practice has already made disclosures in reliance upon prior consent. If consent is not signed, or later revoked, CPPA may decline to provide treatment to the patient.

Name of Patient _____ DOB _____

Signature of Patient _____ Date _____