



## Notice of Privacy Practices

The Health Information Portability & Accountability Act requires physician offices obtain written permission from the patient (18 years or older) or their legal representative, prior to speaking with a third party or giving information regarding our patient. This means that we cannot speak to counselors, grandparents, babysitters, etc. or mail documents unless you disclose the individuals or organizations that you give us permission to share information with in writing. HIPAA also restricts us from speaking with the parents of patients over 18 years of age unless the patient has completed and signed a Demographics Form naming the parent as an Authorized Individual. Medical providers that we refer you/your child to are excluded from this restriction to ensure continuity in their care. SCPA participates with Carequality Clinical Data exchange, meaning other healthcare providers for which you see can access diagnoses, lab results, and immunizations from our practice. If you DO NOT want other members of your healthcare team to access this information, please select this box

I hereby acknowledge that I have been given an opportunity to review the privacy practices at South Carolina Pediatric Alliance. I understand that I may obtain a copy of the Notice of Privacy Practices at my request.

This notice has been issued and considered effective on the date signed. We will keep this signed form on file for a minimum of six (6) years.

**Name of Person completing form (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_