



www.traderspointpeds.com

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# HIPAA and protected health information (PHI) policy

Patient  
name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Effective as of: 2/20/2026

## Purpose of This Notice

This Notice of Privacy Practices describes how Traders Point Pediatrics may use and disclose Protected Health Information (PHI) about you and your child(ren), and explains your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal regulations, and applicable Indiana law. Where Indiana law provides greater privacy protections than federal law, we will follow Indiana law.

We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice currently in effect.

Protected Health Information (PHI) includes any information that:

- Identifies a patient, and
- Relates to past, present, or future physical or mental health conditions, the provision of health care, or payment for health care services

As part of providing care, we create and maintain medical records that document medical history, diagnoses, treatments, test results, and future plans of care. These records are essential for:

- Providing safe, ongoing care
- Communicating with other healthcare providers
- Billing and payment activities
- Quality improvement and compliance activities

## Our Privacy Responsibilities

We are required by law to:

- Maintain the privacy and security of PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured protected health information as required by federal law
- Make this Notice available upon request and post it in our office

## How We May Use and Disclose PHI (Without Written Authorization)

We may use and disclose PHI for the following purposes:

### A. Treatment

We may use and share PHI to provide, coordinate, or manage healthcare services. Examples include:

- Discussing treatment options

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- Ordering lab tests or imaging
- Sending prescriptions to pharmacies
- Consulting with specialists
- Sharing information with other providers involved in your child's care

#### B. Payment

We may use and disclose PHI to obtain payment for services provided.

Examples include:

- Billing insurance companies
- Verifying insurance eligibility
- Providing treatment details required for coverage determination
- Billing parents or guardians directly
- Supporting billing activities of other providers involved in care

#### C. Health Care Operations

We may use and disclose PHI for activities necessary to operate our practice, including:

- Quality improvement
- Staff training
- Licensing and accreditation
- Compliance reviews
- Business planning and administrative functions

We may disclose PHI to business associates who perform services on our behalf (such as laboratory services, electronic health record providers, or other administrative service providers). All business associates are required by law and contract to protect the privacy and security of PHI.

#### D. Appointment Reminders and Care Communications

We may use PHI to contact you regarding:

- Appointment reminders
- Follow-up care
- Test results
- Health-related services that may benefit your child

You may request alternative communication methods through a change to the Protected Health Information Form.

### **Other Uses and Disclosures Permitted or Required by Law**

We may disclose PHI when permitted or required by federal or Indiana law, including:

- Public health reporting (disease, injury, immunizations, recalls)
- To avert a serious threat to health or safety
- Health oversight activities
- Legal proceedings (court orders, subpoenas)
- Law enforcement purposes
- Workers' compensation programs
- Certain government functions (including national security)
- Reporting abuse or neglect: We are required by Indiana law to report suspected child abuse or neglect to appropriate authorities.
- Medical examiners, coroners, and funeral directors
- Organ donation and procurement organizations

All such disclosures are limited to what the law permits or requires.

### **Uses and Disclosures Requiring Written Authorization**

We will not use or disclose PHI for purposes outside those described above unless you provide written authorization. We will not sell your protected health information without your written authorization.

This includes:

- Most marketing communications
- Certain research disclosures
- Any other non-routine use not otherwise permitted by law

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

## **Minors and Parental Access**

Under Indiana and federal law:

- Parents or legal guardians generally have the right to access their minor child's medical records.
- Certain exceptions may apply, including:
  - Emancipated minors
  - Situations where a minor legally consents to treatment (e.g., certain STI services, substance use treatment, or other services permitted by law)

We follow all applicable Indiana laws governing minor consent and confidentiality. In situations where Indiana law permits a minor to consent to care without parental involvement, the minor may control access to related health information, and parental access may be limited in accordance with applicable state and federal law.

## **Your Privacy Rights**

You (or your child's personal representative) have the following rights:

### **A. Right to Access and Obtain Copies**

You may request to inspect or obtain copies of PHI used to make decisions about you or your child. Requests must be made in writing. We will respond within the timeframe required by law. If your PHI is maintained electronically, you may request an electronic copy in the format requested if readily producible. You may also request that we transmit a copy of your PHI directly to a person or entity designated by you.

### **B. Right to Request Amendment**

You may request that we amend PHI if you believe it is incorrect or incomplete. Requests must be in writing and include a reason supporting the amendment.

We may deny a request if the information:

- Is accurate and complete
- Was not created by our practice (and the original creator is available)
- Is not part of the designated record set

### **C. Right to an Accounting of Disclosures**

You may request a list of certain non-routine disclosures of PHI made outside treatment, payment, and healthcare operations.

### **D. Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of PHI. We are not required to agree to all requested restrictions, but if we agree, we will comply except as required by law or in emergencies. If you (or your child) pay for a specific service out-of-pocket in full, you have the right to request that we not disclose information about that service to your health plan for purposes of payment or healthcare operations. We are required to agree to such a request unless disclosure is otherwise required by law. This restriction applies only to the specific service paid in full. Traders Point Pediatrics does not routinely submit claims to health insurance plans; however, this right applies in any situation where a health plan might otherwise receive information about services paid for in full out-of-pocket.

### **E. Right to Confidential Communications**

You may request that we communicate with you:

- At a specific phone number or address
- By a specific method
- At an alternative location

We will accommodate reasonable requests. Requests must be made in writing.

**F. Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with:

- Our Privacy Officer (contact information below), or
- The U.S. Department of Health and Human Services, Office for Civil Rights

You will not be penalized or retaliated against for filing a complaint.

**Authorized Adults**

Parents or legal guardians may authorize other adults (e.g., grandparents, caregivers) to receive or discuss PHI regarding a child. Such authorization must be documented in writing using our designated form.

**Record Retention**

We are required by law to retain medical records for a period of time defined by federal and Indiana law, even after a patient is no longer receiving care at our practice.

**Changes to This Notice**

We reserve the right to change this Notice at any time. Revised versions will apply to all PHI we maintain. The current Notice will be posted in our office, on our website, and available upon request.

Compliance Officer Contact Information:

Privacy Officer

Traders Point Pediatrics

7174 Waldemar Drive

Indianapolis, IN 46268

Ph: 463-298-2381

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices. Your signature does not indicate agreement with the Notice, but only that you have received it.

Signature: \_\_\_\_\_

Full name: \_\_\_\_\_

Patient

Date: \_\_\_\_\_

relationship: \_\_\_\_\_