

JoAnne Wise Edoaka, M.D. F.A.A.P.  
Patient Centered Medical Home  
2911 Medical Arts Street, Suite 7  
Austin, TX 78705  
[www.joanneedokamd.com](http://www.joanneedokamd.com)  
Ph 512-582-1201 Fax 512-582-1205

### Notice of HIPAA Privacy Regulations

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

#### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your child's health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your child's health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect May 1, 2013 and will remain in effect until it is replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted and applicable by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice please contact us using the information listed at the end of this notice.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about your child for treatment, payment, and healthcare operations for example:

**Treatment:** We may use or disclose your child's health information to those involved in their treatment, such as a specialist, in order to facilitate your child's care.

**Payment:** We may use and disclose your child's health information to obtain payment for service we have provided.

**Healthcare Operations:** We may use and disclose your child's health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

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**Your Authorization:** In addition to our use of your child's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your child's health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your child's health information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your child's health information to you, as described in the Patient's Right section of this notice. We may also disclose your child's health information to a family member, friend or other person to the extent necessary to help with your child's healthcare or with payment for your child's healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification (including identifying or locating) you or your child's personal representative or another person responsible for their care.

**Marketing Health-Related Services:** We will not use your child's health information for marketing communications.

**Required by Law:** We may disclose your child's health information if required by law. Abuse or Neglect: Because Texas law requires physicians to report child abuse, domestic violence or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse, domestic violence or neglect to the extent necessary to avert a serious threat to your child's health and safety or the health and safety of others.

**Patient Rights:** You have the right to view or get copies of your child's health information. You must make a request in writing to obtain access to your child's health information. If you request copies for yourself, we will provide them free of charge. There is a NO Charge to transfer records from doctor to doctor. For other entities, that request a patient record, it is 25.00 for first 500 pages and 50.00 for over 500 pages.

**Appointment Reminders, Treatment Alternatives, and Other Benefits:** We may contact you (by telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

**Questions and Complaints:** If you want more information about our privacy practices or if you have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights (disagree with a decision we made about access to your child's health information or in response to a request you made to amend or restrict the use or disclosure of your child's information) you may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

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