



White Cloud Pediatrics
4909 Golden Triangle Blvd Ste 231
Fort Worth, Texas 76244
Phone (682)297-5437
Fax (682)228-6447

Notice of Privacy Practices for White Cloud Pediatrics

This Notice applies to White Cloud Pediatrics and explains how we may use or disclose your Protected Health Information (PHI) in accordance with:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- The HIPAA Omnibus Final Rule

Purpose of This Notice (The purpose of this Notice is to inform you about)

- How White Cloud Pediatrics may use and disclose your PHI to carry out treatment, payment, or healthcare operations.
- Your rights to control and access your PHI.
- The obligations of White Cloud Pediatrics to protect your privacy and comply with applicable laws regarding your PHI.

White Cloud Pediatrics is committed to adhering to the provisions described in this Notice to safeguard your health information.

Responsibilities of White Cloud Pediatrics

White Cloud Pediatrics is required under HIPAA to maintain the privacy of your PHI, which includes all individually identifiable health information related to your past, present, or future health, treatment, or payment for healthcare services. White Cloud Pediatrics must abide by the terms of this Notice and provide you with a copy upon request.

Permitted Uses and Disclosures of Your PHI (White Cloud Pediatrics may use or disclose your PHI in the following ways)

1. **For Treatment**
To facilitate medical care by sharing PHI with providers involved in your care, such as doctors, nurses, or specialists.
2. **For Payment**
To obtain payment for services rendered, including communicating with insurance companies to process claims.
3. **Healthcare Operations**
For activities necessary for running White Cloud Pediatrics, such as quality assessments, staff evaluations, and health care analysis.
4. **Appointment Reminders**
To contact you regarding upcoming appointments.
5. **Treatment Alternatives and Health-Related Benefits**
To inform you about treatment options or health-related services that may interest you.
6. **Individuals Involved in Your Care**
To share information with family members or others involved in your care, with your consent.
7. **Research**
For research purposes, under strict oversight and approval processes.

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8. **Business Associates**
To perform functions through contracted service providers who are required to safeguard your PHI.
9. **As Required by Law**
To comply with legal obligations, such as reporting to public health authorities or responding to legal orders.
10. **Other Uses and Disclosures**
For purposes such as national security, organ donation, or workers' compensation, where applicable.

Other uses and disclosures not described here will only be made with your written authorization, which you may revoke at any time.

Your Rights Regarding Your PHI (You have the following rights)

1. **Request Restrictions**
To limit how your PHI is used or disclosed.
2. **Request Confidential Communications**
To specify how and where we may contact you.
3. **Inspect and Copy Your PHI**
To access your health records, except for certain restricted information (e.g., psychotherapy notes).
4. **Amend Your PHI**
To request corrections if your health information is incomplete or inaccurate.
5. **Receive an Accounting of Disclosures**
To obtain a record of certain disclosures of your PHI over the past six years.
6. **Opt-Out of Fundraising Communications**
If applicable, you may opt out of any fundraising communications.
7. **Receive a Paper Copy of This Notice**
You may request a paper copy at any time, even if you agreed to receive it electronically.
8. **Be Notified of a Breach**
To receive notice if your PHI has been compromised.

Filing a Complaint

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

White Cloud Pediatrics
Attn: [Appropriate Contact Name/Title]
4909 Golden Triangle Blvd, Ste 231
Fort Worth, Texas 76244
(682)297-5437

Or with:
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave. S.W.
Washington, D.C. 20201

White Cloud Pediatrics will not retaliate against you for filing a complaint.

Changes to This Notice

White Cloud Pediatrics reserves the right to modify this Notice and apply changes to all PHI we maintain. If material changes are made, we will provide an updated Notice at your address of record within 30 days of the effective date.

Effective Date	Contact Information	White Cloud Pediatrics
This Notice becomes effective on January 1, 2024.	If you have questions or wish to exercise your rights, contact	4909 Golden Triangle Blvd Ste 231 Fort Worth, Texas 76244 Phone (682)297-5437