



**Reston Town Center Pediatrics  
Notice of Privacy Practices - Short Form**

Our practice is committed to educating our patients about healthcare issues that affect them. We are providing you with general information about the Privacy Rule, a Federal Regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice complies with HIPAA regulations.

**What is HIPAA and how does the Privacy Rule affect you?**

The Health Insurance Portability and Accountability Act of 1996(HIPAA) (amended 2013) gave the Federal Government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice, and we are required by law to comply with this regulation. Under the Privacy Rule, you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

**What is Protected Health Information (PHI)?**

Any health information you provide to our practice, including your mailing address. Information that is created and retained by our practice or received from another healthcare provider that relates to your treatment, healthcare operations, payment and/or identifies you as an individual.

**What is the Notice of Privacy Practices?**

Our official Notice of Privacy Practices is available at our Front Desk or on our website: [www.rtpceds.com](http://www.rtpceds.com) – under Forms. The Notice of Privacy Practices informs our patients about their rights surrounding the protection of their Protected Health Information (PHI) and our obligations concerning the use and disclosure of such information. This notice applies to all records created, obtained, or retained by our practice. We may update our Notice of Privacy Practices at any time.

The following categories describe the circumstances in which we may use and disclose your Protected Health Information (PHI):

- |                                      |  |
|--------------------------------------|--|
| Treatment                            | Appointment Reminders                    |
| Payment                              | Health Care Operations                   |
| Treatment Options                    | Disclosures Required by Law              |
| Health-related benefits and services | Release of Information to Family/Friends |

The following categories describe unique situations in which we may disclose your PHI:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| Public Health Risks             | Health Oversight Committees         |
| Lawsuits and Similar Activities | Deceased Patients                   |
| Organ and Tissue Donation       | Serious Threats to Health or Safety |
| Military                        | National Security                   |
| Inmates                         | Worker's Compensation               |
| Law Enforcement                 | Research                            |



**What are your rights concerning your PHI?**

You have rights regarding the PHI that we maintain about you. The policies and procedures for the following circumstances are listed in our Notice of Privacy Practices:

- Confidential Communications
- Request Restriction
- Inspection and Copies
- Amendment
- Accounting of Disclosures
- Right to a Paper Copy of this Notice
- Right to File a Complaint
- Right to Provide an Authorization for Other Uses and Disclosures

If you have any questions regarding this notice of our Privacy Practices please contact:

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I have read the short notice provided by Reston Town Center Pediatrics and have been informed of how to obtain more information regarding Reston Town Center Pediatrics' Notice of Privacy Practices.

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

Printed Name: \_\_\_\_\_

Print Child's (Children's Name(s)): \_\_\_\_\_

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