

**Diane M. Danis, M.D., M.P.H.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.**

Dr. Diane M. Danis, M.D. is required, by law, to maintain the privacy and confidentiality of your child's protected health information and to provide her patients with notice of her privacy practices with respect to your child's protected health information.

**Disclosure of Your Child's Health Care Information**

**Treatment**

We may discuss or disclose your child's health care information to other healthcare professionals for the purpose of treatment, **only with your written permission.**

**Payment**

We may disclose your child's health information to your insurance provider for the purpose of payment or **only with your written permission.**

*"We will provide an itemized billing to you after services are rendered. The billing statement contains diagnosis, dates of services, and codes which describe the health care services received."*

*"If your account needs to be forwarded to a collection agency, a billing statement will contain dates of services, and the codes which describe the health care services received."*

**Judicial and Administrative Proceedings.**

We may disclose your child's health information in the course of any administrative or judicial proceeding.

**Appointments.**

We may contact you in the normal course of operation, by phone or email, to remind you to schedule appointments, confirm an existing appointment, answer your questions, and obtain needed information. Example as described below:

*"As a courtesy, it is our policy to call your home/or cell phone prior to your scheduled appointment to remind you of your child's appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you have any questions or problems."*

**Change of Ownership.**

In the event that Dr. Diane M. Danis, M.D. medical practice is sold or merged with another organization, your child's health information/record will become the property of the new owner.

**I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Dr. Diane M. Danis, M.D. with my authorization and consent to use and disclose my child's protected health care information for the purposes of treatment, payment, and health care operations as described in the Privacy Notice.**

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date