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NOTICE OF PRIVACY PRACTICES

All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your/your child's protected health information is practiced.

USES AND DISCLOSURES

- Protected health information is accessed and used for healthcare related purposes only.
- Protected health information is never sold, transferred, exchanged or used for non-healthcare related purposes including marketing activities without your consent.
- Protected health information is disclosed to third-party entities without additional authorization for the purpose of treatment, to obtain payment for treatment and for healthcare related operations, such as audits.

CERTAIN CIRCUMSTANCES

Protected health information can be disclosed without your written authorization in certain limited circumstances.

- For the purpose of treatment, to obtain payment for treatment, and for healthcare operations.
- When requested by a public health agency.
- When requested by a law enforcement agency.
- When the law requires mandatory reporting.

For any other purposes, we will ask for your authorization before using or disclosing your/your child's protected health information. You can revoke that authorization in writing at any time.

EMAIL

When we send you an email, or you send us an email, the information that is sent is not encrypted. (Gmail, yahoo, sbcglobal.net, etc are not encrypted). This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.

The federal government provided guidance on email and HIPAA (protected patient information).

- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website – <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email
- By initialing that you reviewed the Privacy Practices on our Registration form, you acknowledge your consent for us to send patient medical information with unencrypted email.

- Encrypted messages can be sent through the Electronic Health Record Patient Portal.
- **PATIENT RIGHTS**
- You have the right to request in writing to inspect and/or receive a copy of your/your child's health information. There may be a fee for copying records.
- You have the right to request an alternate means or location to receive communications regarding your/your child's health information.
- You have the right to request in writing to amend, correct, or delete any recorded health information within our possession. We can refuse this request by responding in writing within 60 days as to why the request is inappropriate.
- You have the right to request in writing to restrict some of the uses and disclosures of your /your child's health information.
- You have the right to request in writing an accounting of certain disclosures of your/your child's health information that were made by this office.

IF YOU FEEL THAT YOUR/YOUR CHILD'S PRIVACY HAS BEEN BREACHED IN ANY MANNER BY KIWI PEDIATRICS, PLEASE CONTACT DR. NANCI TUCKER AT 510-652-1720 OR 510-524-9400 OR VIA THE PATIENT FUSION SECURE PORTAL

Revised 6/2020