

BAMA PEDIATRICS & ALLERGY
2701 20th Ave
Northport, AL 35476

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Safeguarding the Protected Healthcare Information (PHI) of our patients has always been and will always remain a primary concern of the staff at BAMA PEDIATRICS & ALLERGY LLC, Sudha Sagar Bennuri, MD and Bindu Bennuri, MD. Disclosure documentation and written consent to PHI as well as "chains of trust" with our vendors, appropriately executed contracts with business associates and "minimum necessary" release of information standards will provide a front line deterrent to any breach of practice procedures.

Moreover, through staff and provider training with periodic updates and monitoring Bama Pediatrics & Allergy engineered office policy and procedure standards will protect orally (spoken) thereby ensuring compliance with Federally mandated act known as the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

My signature affixed to this document acknowledges my awareness of the established practice and policy of Bama Pediatrics & Allergy to protect the PHI of all patients under its care.

I, _____, acknowledge that I have received a copy of privacy practices at Bama Pediatrics & Allergy LLC, Sudha Bennuri, MD and Bindu Bennuri, MD.

Name of Patient: _____

Signature of patient/patient's guardian/representative

Printed name of the person signed

Date

DIVORCE/CUSTODY POLICY

The providers and staff at Bama Pediatrics & Allergy are dedicated to giving the best care to our patients. Our focus is on their health whether it be medical, psychological or emotional. We are NOT here to discuss legal issues regarding divorce, separation, or custody agreements. We cannot be put in the middle of domestic issues or disagreements over the phone or in the office.

- When a child visits our office accompanied by either parent, we will assume that parent has full legal custody and authority to make medical decisions for the child, unless we are instructed otherwise, **in writing, by a court order.**
- It is the parents' responsibility to communicate with each other regarding the patients' care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the provider to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits. They can have access to the visits in writing with a signed medical release form. We reserve the right to charge an administrative fee for copying records should the requests become excessive.
- We will not call the other parent for consent prior to treatment or restrict either parent's involvement in the patient's care unless authorized by law. We will not tolerate appointment scheduling/canceling patterns of behavior between parents.
- We cannot mediate financial disputes between parents. When children visit our office, we hold the accompanying parent/guardian responsible for any balances and co-payments required.
- Should the issues that come between parents become disruptive to our practice or interfere with the care of child(ren), we reserve the right to discharge your family from further treatment.

Signature of Parent: _____ Date: _____