

HIPAA Notice of Privacy Practices

Effective Date: July 21, 2025

Young Adult Medicine, PLLC

<https://youngadultmedicine.com>

Phone: (702) 703-4917 · **Fax:** (775) 490-0161

Email: hello@youngadultmedicine.com

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

At **Young Adult Medicine, PLLC** (“we,” “our,” or “the Practice”), we are dedicated to maintaining the privacy and confidentiality of your child’s health information. This Notice explains how we may use and disclose your child’s **Protected Health Information (PHI)** in the context of pediatric telehealth care, and it outlines your legal rights as a parent or guardian.

1. Our Legal Duty

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state law to:

- Maintain the privacy of your child’s PHI;
- Provide you with this Notice of our legal duties and privacy practices;
- Abide by the terms of the Notice currently in effect.

We are also obligated to take reasonable steps to secure electronic PHI, particularly when providing telehealth services.

2. How We May Use and Disclose Your Child’s Health Information

We may use and disclose PHI about your child without your written permission for the following purposes:

Treatment

We may share PHI with doctors, nurses, specialists, or pharmacies to coordinate and provide care.

Example: We may consult a specialist for advice about your child’s diagnosis.

Payment

We may use and disclose PHI to bill insurance companies or to determine coverage and benefits.

Example: We may submit information to your child’s health insurer for reimbursement.

Healthcare Operations

We may use PHI for internal functions such as quality assurance, clinical training, auditing, or administrative support.

Example: Reviewing visit summaries to improve pediatric telehealth care.

Appointment Reminders and Health Services

We may contact you with appointment reminders or information about your child's care. These communications may occur via secure email, phone, or text message.

As Required by Law

We may disclose PHI if required by federal, state, or local law, including reporting suspected child abuse or neglect.

3. Other Permitted Uses and Disclosures (Without Authorization)

We may also use or disclose PHI in the following situations:

- **Public Health Activities:** Reporting contagious diseases or adverse medication reactions.
 - **Child Welfare or Protective Services:** In cases involving suspected abuse or neglect.
 - **Legal or Administrative Proceedings:** Responding to court orders or subpoenas.
 - **Law Enforcement Purposes:** If required to report or locate a missing child.
 - **Health Oversight:** Audits or licensing investigations by health agencies.
 - **Organ and Tissue Donation:** If applicable, under state or federal guidelines.
 - **Research:** Only under strict HIPAA-compliant protocols or with de-identified data.
 - **Workers' Compensation:** As authorized by applicable law.
 - **Funeral Directors or Medical Examiners:** If needed in relation to a minor's death.
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4. Uses and Disclosures Requiring Written Authorization

We must obtain your explicit written authorization for any disclosure that is not permitted by law, including:

- Marketing communications
- Sale of PHI
- Use or disclosure of psychotherapy notes
- Any other disclosures not specifically allowed in this Notice

You may revoke your authorization at any time in writing, unless we have already relied on it.

5. Your Rights Regarding Your Child's PHI

As a parent or legal guardian, you have the right to:

- **Request Restrictions:** Ask us not to use or disclose certain PHI. We are not required to agree unless the service is paid out-of-pocket in full and you request that it not be shared with your health plan.
- **Receive Confidential Communications:** Request contact at a specific phone number, mailing address, or email.
- **Inspect and Copy Records:** View or obtain a copy of your child's health records in paper or electronic form.
- **Request Amendments:** Ask for corrections to your child's record if you believe it contains errors.
- **Receive an Accounting of Disclosures:** Request a list of PHI disclosures (excluding those made for treatment, payment, or operations).
- **Receive a Paper Copy of This Notice:** You may request a printed copy at any time.

To make any of these requests, contact our Privacy Officer at hello@youngadultmedicine.com or (702) 703-4917.

6. Breach Notification

We are required by law to notify you without unreasonable delay if a breach of your child's **unsecured** PHI occurs that may compromise the privacy or security of their information.

7. Changes to This Notice

We reserve the right to change this Notice at any time. Any updates will apply to all existing and future PHI and will be posted on our website at <https://youngadultmedicine.com>. The updated Notice will include a revised effective date.

8. Complaints

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

- **Our Privacy Officer:** hello@youngadultmedicine.com
- **U.S. Department of Health and Human Services:** <https://www.hhs.gov/ocr/privacy>

We will never retaliate against you for filing a complaint.

Young Adult Medicine, PLLC

Providing compassionate, confidential, telehealth-first care to Nevada's children, teens, and young adults.
