

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Carolina Pediatrics of the Triad is dedicated to protecting your protected health information. We are permitted by federal privacy laws to make uses and disclosures for purposes of treatment, payment, and health care operations. Protected health information is the information created and obtained while providing our services to you. This information becomes part of your medical record which consists of symptoms, examinations, test/lab results, phone calls, diagnoses, treatments, and records and/or office notes from outside physicians. We will uphold state privacy laws that are more stringent than federal laws.

Examples of uses of your protected health information for treatment:

- Our physicians and clinical staff obtain medical history and/or symptoms from you in order for our physicians to diagnose and treat you.
- Our staff and/or physicians speak with outside specialists regarding your condition. We may need to forward parts of your medical record for the specialist to review.
- We will call or email reminders for scheduled appointments. We will also call or email reminders when it is time to schedule your next appointment.

Examples of uses of your protected health information for payment:

- We submit requests for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Examples of uses of your protected health information for health care operations:

- We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Other disclosures:

- Family
 - At your first visit to our office, you will receive a "Permission to Discuss PHI" form. The parent (or patient if 18 years or older) will complete this form specifying to whom we can disclose protected health information. All parent(s) or legal guardian(s) need to be listed on this form. We will only disclose protected health information to the patient, parent(s), legal guardian(s), and anybody listed on this form.
 - In emergency situations, we may disclose protected health information to somebody other than those listed on the above mentioned form.
 - If there is a change in custody/guardianship, you should provide our practice with a copy of the legal documents immediately. We will recognize the most recent legal documents we have been provided.
- Research
 - If Carolina Pediatrics of the Triad opts to participate in a research study, you may be asked to participate. If you agree to participate, your protected health information may be used and disclosed. You have the right to decline participation in any research study.
- Disaster Relief
 - We may use and disclose your protected health information to assist in disaster relief efforts.
- Abuse & Neglect
 - We may disclose your protected health information to public authorities as required by law to report abuse or neglect.
- Food and Drug Administration (FDA)
 - We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- Public Health
 - As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.
- Law Enforcement
 - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.
- Serious Threat
 - To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- Specialized Government Functions
 - We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- Coroners, Medical Examiners, and Funeral Directors
 - We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release protected health information about patients of Covered Entities to funeral directors as necessary for them to carry out their duties.

- Website
 - Carolina Pediatrics of the Triad maintains a website, www.cptriad.com. This Notice is posted on our website.
 - We have a secure patient portal which can be accessed via our website. We can disclose your protected health information to you via the secure patient portal with your unique log in information.
- Other Uses
 - Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization.

Carolina Pediatrics of the Triad does not use protected health information for fundraising or marketing purposes. If Carolina Pediatrics of the Triad should choose to participate in a fundraiser, you have the right to elect to opt out of receiving fundraising communications from our office.

Your Rights:

- Request a restriction on certain uses and disclosures of your protected health information by providing the request in writing to Carolina Pediatrics of the Triad – we are not required to grant the request, but we will comply with any request granted;
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the protected health information pertains solely to a health care service for which the provider has been paid out of pocket in full – we must comply with this request;
- Obtain a paper copy of the current Notice of Privacy Practices for protected health information by making a request our office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by providing our practice with a completed and signed authorization form. There is a fee for the copy of medical records.
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by providing our office with a written request. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for Carolina Pediatrics of the Triad;
 - Is not part of the information that you would be permitted to inspect and copy; or,
 - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your protected health information be made by alternative means or at an alternative location by providing the office with a written request;
- Obtain an accounting of disclosures of your protected health information as required to be maintained by law by providing our office with a written request. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in to family members or friends relevant to that person’s involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for you care of your location, condition, or your death;
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.
- **Rights to a minor:** Per NC state law, you, the minor, may consent to services without parental consent for the prevention, diagnosis, and treatment of venereal disease and other diseases reportable under state law, pregnancy, abuse of controlled substances or alcohol, and emotional disturbance. If you consent to these services without parental consent, we cannot disclose anything about these services to your parent(s) or legal guardian(s) without your consent.

The health and billing records we maintain are the physical property of Carolina Pediatrics of the Triad, PA. The information in it, however, belongs to you.

Our Responsibilities:

- Maintain the privacy of your protected health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate protected health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice”, by visiting our office and picking up a copy, or by visiting our website and printing a copy.

To Request Information or File a Complaint:

If you believe your privacy rights have been violated or have questions or concerns, we want to know. We will accept complaints in writing Please put these to the attention of our Privacy Officer, Anna, at 2707 Henry St; Greensboro, NC 27405. **All complaints will be taken seriously and thoroughly investigated.**

You may also file a written complaint with the Office for Civil Rights (OCR) at the regional office at Office for Civil Rights; U.S. Department of Health and Human Services; Atlanta Federal Center, Suite 3B70; 61 Forsyth Street, S.W.; Atlanta, GA 30303-8909 or email it to OCRPrivacy@hhs.gov.

We cannot, and will not, require you to waive the right to file a complaint with the Office of Civil Rights as a condition of receiving treatment from our practice. We cannot, and will not, retaliate against you for filing a complaint with the Office of Civil Rights.

Effective: 06/01/2010