

Peachtree Pediatrics, PLLC  
125 Medical Park Lane Suite H  
Murphy, NC 28906

## Notice Of Privacy Practices

THIS NOTICE ASSUMES THAT THE PATIENT IS A MINOR CHILD AND THAT THE PERSON READING THE NOTICE IS THE CUSTODIAL PARENT, LEGAL GUARDIAN, OR OTHER PERSON RESPONSIBLE FOR THE MINOR'S CARE. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the custodial parent, or legal guardian of the minor patient significant new rights to understand and control how your child's health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your child's health information and how we may use and disclose your child's health information.

We may use and disclose your child's medical records only for each of the following purposes: treatment, payment, and health care operations.

- **TREATMENT:** We may use and disclose medical information about your child to provide health care treatment to him/ her. In other words, we may use and disclose medical information about your child to provide, coordinate or manage their health care and related services. This may include communicating with other health providers regarding your child's treatment and coordinating and managing their health care with others.

We may use and/or disclose medical information about your child to send you reminders about their appointments.

We may use and/or disclose medical information about your child in order to inform you of or recommend new treatment or different methods of treating a medical condition that your child has, or to inform you of other health related benefits and services that may be of interest to you.

- **PAYMENT:** We may use and disclose medical information about your child to obtain payment for health care services that your child received. This means that, within the

office, we may use medical information about your child to arrange payment (such as preparing bills and managing accounts). We may also disclose medical information about your child to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about your child to an insurance plan before your child received certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

- **HEALTH CARE OPERATIONS:** We may use and disclose medical information about your child in the business aspect of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service and for providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

With proper documentation of your authority, you have the following rights with respect to your child's protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to non-custodial family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your child's protected health information.
- The right to amend your child's protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice upon request.

We are required by law to maintain the privacy of your child's protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and make new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your child's privacy protections have been violated. You have the right to file a complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Privacy Office  
Peachtree Pediatrics, PLLC  
125 Medical Park Lane Suite H  
Murphy, NC 28906  
Phone: 828-837-2128

For more information about HIPAA or to file a complaint:

The US Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775