



Burlington Pediatrics Mebane Pediatrics

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.

OUR LEGAL DUTY:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
 - Follow all terms of the notice that is now in effect

We reserve the right to change my privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in my privacy practices and the new terms of my Notice effect for all health information that we maintain, including health information we created or received before we made the change. Before we make a significant change in my privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of this Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION:

Your PHI may be used and disclosed by anyone that is involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of a health care facility or practice, and any other use required by law.

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, We would disclose your PHI, as necessary, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment:** We may use and disclose your PHI to obtain payment for services we provide to you.
- **Healthcare Operations:** We may use and disclose your PHI in connection with my healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing, or credentialing activities. In addition, we may use or disclose your PHI, as necessary, to contact you to remind you of your appointments.
- **Your authorization:** In addition to my use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure to your health information for any reason except those described in the Notice.
- **Your Family and Friends:** We must disclose your PHI to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your health care, but only if you agree that we may do so.
- **Persons Involved in Care:** We may use or disclose your PHI to notify, assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using my professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.
- **Marketing Health-Related Services:** We will not use your PHI for marketing communications without your written authorization.
- **Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders such as voicemail messages, postcards, or letters.

In certain situations, we are permitted to use and disclose your PHI without your authorization. These situations are:

1. **As required by law:** We may use or disclose your PHI when we are required to do so by law;
2. **Abuse or neglect:** We may use or disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
3. **State or Federal Agencies:** We may use or disclose your PHI to report to State or other federal agencies that have the right to investigate;
4. **Court Proceedings:** We may use or disclose your PHI for judicial and administrative proceedings (such as in response to a court order or to defend against a lawsuit);

5. **Law Enforcement:** We may use or disclose your PHI for law enforcement purposes (such as providing limited information to locate a missing person);
6. **Decedents:** We may use or disclose your PHI when it relates to decedents (such as, disclosing your PHI to a coroner for the purpose of identifying you should you die);
7. **Organ Donation:** We may use or disclose your PHI for organ, eye, or cadaver donation;
8. **Worker's Compensation:** We may use or disclose your PHI to comply with worker's compensation laws
9. **Research Studies:** We may use or disclose your PHI for research studies or other such programs that meet all privacy law requirements;
10. **Safety:** We may use or disclose your PHI to avoid serious and imminent threat to health or safety (yours, or that of others);
11. **Government Functions:** We may use or disclose your PHI when it relates to special government functions (such as military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State);
12. **Correctional Institutions:** We may use or disclose your PHI to correctional institutions and to other law enforcement entities in custodial situations;
13. **Disaster Relief:** We may use or disclose your PHI for disaster relief (such as to the American Red Cross);
14. **Other Health Plans:** We may use or disclose your PHI for another health care provider's or health plan's treatment, payment, or health care operations (such as if your doctor needs information to assist in the treatment of you);
15. **My Business Associates:** We may use or disclose your PHI to my business associates (We may contract out with other people or entities to provide you with certain services. To perform these services the business associate may receive, create, maintain, use or disclose your PHI, but only after they agree to protect your PHI);
16. **Public Health:** We may use or disclose your PHI for public health purposes (such as reporting disease outbreaks);
17. **De-identification:** We may use or disclose your PHI to create a collection of information that can no longer be traced back to you.

PATIENT RIGHTS

- **Access:** You have the right to look at or get copies of your PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending me a letter to the address at the end of this Notice. If you request copies, We will charge you \$0.75 for the first 25 pages and \$.50 per pages 26-100. Contact us using the information listed at the end of this Notice for a full explanation of my fee structuring.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your PHI for all purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before October 2005. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restrictions:** You have the right to request that we place additional restriction on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- **Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. (You must make the request in writing). Your request must specify the alternative means or location.
- **Amendment:** You have the right to request that we amend your PHI. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.
- **Electronic notice:** If you receive this Notice on my web site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

QUESTIONS AND COMPLAINTS:

If you want more information about my privacy practices or have questions or concerns, please contact me. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request. We will not retaliate in any way if you choose to file a complaint.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint.

Contact Person

Erin Russell
Phone: 336-228-8316
530 West Webb Ave.
Burlington NC, 27217