

REGIONAL PEDIATRIC ASSOCIATES, P.A.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: APRIL 14, 2003

This Notice describes how medical information about you may be used and disclosed and when you can get access to this information. This Notice also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and relates to your past, or future, physical or mental health or condition and related healthcare services. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent in the mail or asking for one at the time of your next appointment.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for: planning your care and treatment; a means of communication among the many health professionals who contribute to your care; legal documents describing the care you received; means by which you or a third-party payer can verify that services billed were actually provided; a tool in educating health professionals; a source of data for medical research; a source of information for public health officials charged with improving the health of the nation; a source of data for facility planning; and a marketing tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how our health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information and make informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have certain rights regarding how this information is handled. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information. Although we are not required to agree to the restriction, if we do agree to the restriction we cannot go against your wishes without your permission unless you need emergency treatment.

- Obtain a paper copy of the Notice of Information Practice upon request.
- Inspect and obtain a copy of your health record.
- Obtain a list of disclosures of your protected health information.
- Request communications of your protected health information by alternative means or at alternative locations.
- Amend your health information. If we deny your request to amend your health information, we will send you a written statement of the basis for the denial.
- Revoke your authorization to use or disclose protected health information except to the extent that action has already been taken.

You may accomplish any of these items by contact us directly. We may require a written request for amendment of your health information, revocation of authorization, or revocation of a restriction.

Your physician is not required to agree to a restriction that you may request. If your physician believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a description by contacting our Privacy Contact whose name and phone number are disclosed below.

OUR RESPONSIBILITIES:

Regional Pediatric Associates is required to:

- Maintain the privacy of our health information and provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may get in touch with our Privacy Contact, Donna Mosley, Practice Manager, at (919) 477-2202. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact/Practice Manager or with the Secretary of Health and Human Services. There will be no reprisals for filing a complaint.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Treatment: Our practice may use your protected health information to treat you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might use your protected health information in order to write a prescription for you, or we might disclose your protected health information to a pharmacy when we order a prescription for you. Many of the people who work in our practice – including, but not limited to, our doctors and nurses – may use or disclose your protected health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your protected health information to others who may assist in your care, such as your parents and/or guardian.

Payment: Our practice may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your protected health to bill you directly for services and items.

Health Care Operations: Our practice may use and disclose your protected health information to operate our business. Examples of the ways in which we may use and disclose your information for our operations include our practice using your protected health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Additionally, our practice will use and disclose your protected health information when we are required to do so by federal, state or local law.

Business Associates: We will share your protected health information with third-party “business associates” that perform various activities (e.g., accounting services) for the practice. Other examples include physician services in the emergency department, radiology, certain laboratory tests, and any copy service we may use when making copies of your health record. When these services are contracted out, we may disclose your protected health information to our business associates so that they can perform the job we have asked to do and bill you or your third-party payer for services rendered. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Marketing and Fundraising: We may use or disclose protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact/Practice Manager to request that these materials not be sent to you.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location and general information.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friend, or any other person you identify, protected health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose protected health information to researchers after an institutional review board that has reviewed the research proposal and protocols established to ensure the privacy of your protected health information has approved their research.

Food and Drug Administration (FDA): We may disclose to the FDA protected health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirement of applicable federal and state laws.

Law Enforcement: We may disclose protected health information for law enforcement purposes as required by law, court order, or in response to a valid subpoena. Federal law makes provision for your protected health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or public.