

Notice of Privacy Practices

Chapel Hill Children & Adolescents' Clinic

Effective Date: 8/1/2025

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

Our Pledge Regarding Health Information

We understand that medical information about your child and your family is personal. We are committed to protecting that information. This notice applies to all health records created or maintained by our practice. We are required by law to:

- Maintain the privacy of your child's health information;
- Provide you with this Notice of Privacy Practices;
- Notify you if a breach of unsecured protected health information occurs;
- Follow the terms of the current notice;
- Provide additional protection for certain sensitive health information, including reproductive health care information.

How We May Use and Disclose Your Child's Health Information

We may use and disclose your child's health information without your written permission for:

- Treatment: To provide, coordinate, and manage your child's healthcare.
- Payment: To obtain payment from health plans or responsible parties.
- Healthcare Operations: To manage our practice, train staff, and improve care.

Additional Uses and Disclosures Permitted or Required by Law

We may also share information without your written authorization for:

- Public Health & Safety
- Health Oversight
- Legal & Law Enforcement
- Research
- Organ/Tissue Donation & Coroners
- National Security & Military
- Workers' Compensation

Special Protections for Reproductive Health Information (Effective February 2026)

Under updated federal rules, reproductive health information (e.g., contraception, pregnancy, abortion, fertility services) receives enhanced privacy protections.

- We may not share this information for investigations or proceedings without your specific written authorization.
- Disclosures must comply with federal—not only state—law.
- We will notify HHS of any such disclosures as required.

Uses and Disclosures That Require Your Written Authorization

- Marketing
- Sale of health information
- Psychotherapy notes (if applicable)
- Any other use not described here

You may revoke authorization at any time in writing.

PLEASE READ AND SIGN OTHER SIDE

Your Rights Regarding Health Information

- Request restrictions
- Confidential communications
- Access and copy of medical record
- Request corrections
- Get a list of disclosures
- Receive a paper copy of this notice

Our Duties

We must:

- Maintain the privacy of your child's information
- Notify you of breaches
- Follow the terms of this notice
- Comply with special protections for reproductive and behavioral health data

Changes to This Notice

We may change this notice. Updated versions will be posted and available upon request.

Questions or Complaints

If you have concerns or believe your rights have been violated, contact:

Privacy Officer: Practice Manager
Chapel Hill Children & Adolescents' Clinic
301 Kildaire Rd., Ste. 200, Chapel Hill, NC 27516
919-967-0771
frontdesk@chcc.pcc.com

Or contact HHS at <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>
We will not retaliate against you for filing a complaint.

Please sign below to confirm you have read this notice:

Signature of the person signing the form

Date

Name of person signing the form

Relationship to the patient (ex. Parent/guardian/self)

Patient's name