

HIPAA 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.

This Notice of Privacy Practices describes how we and our Business Associates may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It 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 that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by **Triangle Kids Care Pediatrics, PLLC**, office staff, and others outside of our office that are 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 the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information 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, your protected health information may be provided to a physician to whom you have been referred, surgery centers/hospitals, referring physicians, family practitioner, physical therapists, home health providers, laboratories, and nurse case managers, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for the treatment and services provided to you. Some examples of whom we would need to share your protected health information include: your insurance carrier, billing departments, collection departments, hospital departments and consumer reporting agencies.

Healthcare Operations: We may use or disclose your protected health information as necessary to support the business activities of **Triangle Kids Care Pediatrics, PLLC**. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school, physician assistant and nurse practitioner students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Without Authorization: We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law (Local, State, Federal), public health issues as required by law (Local, State, Federal), communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request.

Other Considerations: In the case of a Divorced or Separated Parents, each parent has access to PHI about their child unless there is a court order to the contrary.

Treatment of a Teenaged Minor: We will proceed to with treatment of a teenaged minor who visits our office alone and asks for to be treated, unless "Do not Consent" is signed by either parent/guardian. Any PHI resulting from this visit will be treated the same as if the parent were present.

YOUR RIGHTS: The following are statements of your rights with respect to your protected health information.

- ⇒ You have the right to inspect and copy your protected health information (fees may apply) – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format.
- ⇒ Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.



- ⇒ You have the right to request a restriction of your protected health information – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations.
- ⇒ You have the right to request to receive confidential communications –You have the right to obtain a paper copy of this notice from us, upon request. You have the right to request an amendment to your protected health information – If we deny your request for amendment, you have the right to appeal.

COMPLAINTS: You may complain to **Triangle Kids Care Pediatrics, PLLC** or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying us at:

Practice Manager
office@tkcpediatrics.com.

Acknowledgement of Receipt: By signing the Acknowledgment Receipt you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices. Additionally, you have been informed there is a copy of Triangle Kids Care Pediatrics' Notice of Privacy Practices available on the website at www.tkcpediatrics.com or in the office upon request.

Printed Name

Relationship to Child

Signature

Date