



Legacy Pediatrics

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NOTICE OF PRIVACY PRACTICES

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

Original Effective Date:04/01/2013

If you have any questions about this notice, please contact the Legacy Pediatrics Privacy Officer at 910-483-2646.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Legacy Pediatrics
- Any health care professional authorized to enter information into your child's medical record maintained by Legacy Pediatrics.
- Any persons or companies with whom Legacy Pediatrics contracts for services to help operate our practice and who have access to your child's medical information.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about your child and their health is personal. We are committed to protecting medical information about patients of Legacy Pediatrics. We create a record of the care and services your child receives in our office. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of care and billing for that care that are generated or maintained by our practice, whether made by Legacy Pediatrics' personnel or other health care providers. Other health care providers may have different policies or notices about

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confidentiality and disclosure that apply to your child's medical information that is created in their offices or at locations other than Legacy Pediatrics.

This notice will tell you about the ways in which we may use and disclose medical information about your child.. We also describe your rights and certain obligations we have regarding the use and disclosure of your child's medical information.

We are required by law to:

- Make sure that medical information that identifies your child is kept private;
- Give you this notice of our legal duties and privacy practices at Legacy Pediatrics, and your legal rights, with respect to medical information about your child; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about your family to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in patient care in or outside of our office. For example, a doctor treating your child for a broken leg may need to know if your child has diabetes because diabetes may slow the healing process. We may disclose medical information about your child in order to coordinate the different things your child needs, such as prescriptions, lab work and x-rays.
- **For Payment.** We may use and disclose medical information about your child so that the treatment and services your child receives from our office may be billed by Legacy Pediatrics and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your child's health plan information about treatment received from our office so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment your child is scheduled to receive in order to obtain prior approval, a referral or to determine whether your health plan will cover the treatment.
- **For Health Care Operations.** We and our business associates may use and disclose medical information about your child for office operations. These uses and disclosures are necessary to run Legacy Pediatrics and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for your child. We may also disclose information to doctors, nurses, technicians, medical students, hospital personnel and health plans for review, quality assurance and training purposes. We may remove information that identifies your child from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about your child to another health care provider for its health care operations purposes if your child has also received care from that provider.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat your child.
- **Individuals Involved in Your Child's Care or Payment for Your Child's Care.** We may release medical information about your child to a friend or family member who is involved in your child's medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your child's care. In addition, we may disclose medical information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your child's care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your child's best interest to release relevant information to someone who is involved in their care or to an entity assisting in a disaster relief effort.
- **As Required or Permitted By Law.** We may disclose medical information about your child when required or permitted to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about your child when it appears necessary to prevent a serious threat to their health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Public Health Risks.** We may disclose without your consent medical information about your child for public health activities. These activities generally include but are not limited to the following:
 - To report, prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To report suspected abuse or neglect as required by law.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about your child in response to a court or administrative order. We also may disclose medical information about your child in response to a subpoena, discovery request, or other lawful process from someone else involved in a civil dispute.

- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
 - In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct; and
 - To report suspected criminal conduct committed at our facility.
- **Coroners and Medical Examiners.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of Legacy Pediatrics to funeral directors to carry out their duties.
- **National Security and Intelligence Activities.** We may release without your consent medical information about your child as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- **Protective Services for the President and Others.** We may disclose medical information about your child to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside the Legacy Pediatrics except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about your child will not be disclosed to personnel working within our practice, except for training purposes or to defend a legal action brought against Legacy Pediatrics, unless you have properly authorized such disclosure in writing.

Special Needs: If a child is under the custody of a state or local institution or law enforcement official, we may release medical information about the child to the appropriate party. This release would be necessary (1) for the institution to provide the child with health care; (2) to protect the child's health and safety or the health and safety of others; or (3) for the safety and security of all parties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD

You have the following rights regarding medical information we maintain about your child:

Right to Inspect and Copy. You have the right to inspect and receive a copy of your child's medical record.

If we have all or any portion of your child's medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your child's medical information is contained in records that are the property of Legacy Pediatrics. To inspect or receive a copy of medical information that may be used to make decisions about your child, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Amend.** If you feel that medical information we have about your child in their record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Legacy Pediatrics.

To request an amendment, make your request in writing to the practice's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Legacy Pediatrics;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your child's medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about your child during the past six years.

To request this list or accounting of disclosures, submit your request in writing to Legacy Pediatrics' Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about your child. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your child's medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your child's health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide your child with emergency treatment.

To request restrictions, make your request in writing to the facility's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to grandparents.

You may request that we not disclose your child's medical information to your health insurance plan for some or all of the services your child receives during a visit to Legacy Pediatrics. If you pay the charges for those services you do not want disclosed *in full at the time of such service*, we are required to agree to your request. "In full" means the amount we charge for the service, not your child's copay, coinsurance, or deductible responsibility when your insurer pays for your child's care. Please note that once information about a service has been submitted to your child's health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your child's medical information for a certain service, please let us know as early in the visit as possible.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from Legacy Pediatrics' Privacy Officer in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. We will post a copy of the current notice at Legacy Pediatrics. The notice will contain the effective date on the first page, in the top right-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your child's medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect your child from potential harm resulting from the breach.

COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with Legacy Pediatrics or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our office manager by mail at 556 Sandhurst Drive, Fayetteville, N.C. 28304. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about your child, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to our office's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about your child for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.