



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.

The physicians at Pediatric Associates as well as all clinical personnel, non-clinical personnel and other office employees who provide services within our practice may use and /or share your health information for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive and for any and all other purposes described in this notice.

Understanding Your Medical Record/Health Information

As your health care provider, we will maintain a record of your visit that contains your symptoms, reports of examinations and test results, diagnoses, treatments, correspondence with other providers and plans for future care or treatment.

Your Health Information Rights

Your health record is the physical property of this practice; however the information it contains belongs to you. You have the following rights and we request that you notify the Privacy Officer of the Practice of your request for any of these actions:

- Request Restrictions: You have the right to request restrictions on the use of your information. We are not required to agree to a requested restriction. If we do, we will comply with your request unless the information is needed to provide emergency treatment.
- Obtain a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice.
- Inspect and Copy: You have a right to inspect and receive a copy of your health information. Your request will be honored within 30 days. If you request a copy of your information, you may be charged a reasonable fee for photocopying, retrieval, labor, postage and supplies used.
- Amend: You have the right to request that we amend or correct your health information. However, we are not required to agree to the requested amendment under certain circumstances.
- Obtain an Accounting of Disclosure: You have the right to request an accounting of certain disclosures of information that have been made about you. This listing includes disclosures of your information for other than treatment, payment or healthcare purposes and is within a specified period of up to six years, not to include dates before April 14, 2003. The first listing of disclosures is provided as a complimentary service to you, but you may be charged a reasonable fee for additional requests made within a twelve —month period.
- Request Communications of your Health Information: You have the right to request that you receive communications regarding your health information in a certain manner or at a certain location. We will accommodate all reasonable requests.
- Revoke Your Authorization for Disclosure: You have the right to revoke a previous authorization for disclosure of information.

Our Responsibilities

Our practice is required to:

- Confidentiality: Maintain the privacy of your health information.
- Provide a copy of this notice: We will provide you with a copy of this notice of our legal duties and privacy practices with respect to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Unable to restrict: We will notify you if we are unable to agree to a requested restriction of your information.
- Provide alternate means or alternative locations: We will accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations. We reserve the right to change our privacy practices and to make new provisions effective for all protected health information we keep. Should our information practices change, we will notify you of these changes when you return to our office. We will not use or disclose your health information without your authorization, except as described in this notice.

We may use and disclose your health information for purpose of Treatment, Payment, and Health Care Operations.

•2601 Laurel Street, Suite 250, Columbia, SC 29204 •Phone: 803.799.9044 •Fax 803.256.8119

Treatment: We will use your health information for treatment purposes. As an example, information given to a nurse or physician will be recorded in your health record and used to determine the best treatment for you. Members of the healthcare team will document your treatment goals, actions taken and clinical observations. We will provide your other healthcare providers with copies of various reports that will help them to treat you for any subsequent conditions that may arise.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnoses, treatments, and supplies used.

Healthcare Operations: the physicians and members of your healthcare team may use the information to evaluate the quality of care you received as well as the care received by others similar to you. This information will be used to improve the effectiveness of healthcare operations and services we provide.

Other Permitted or Required Uses and Disclosures of your Health Information

Business Associates: There are some services provided through contracts with business associates. As an example, we contract with a company that provides information services for the computer system we operate. When these services are contracted, we may disclose your health information to this business associate so that they can perform the work we require. To protect your health information, the business associate must appropriately safeguard your information.

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

Communication with Family: We will use good judgment in disclosing to a family member or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher may access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.

Appointments: We may call or send information to remind you of an upcoming appointment or to reschedule an appointment. When appropriate, a message will be left on your answering machine. The content of that message will be kept as generic as possible so as to protect your privacy.

Treatment Alternatives, Health related Products and Services: We may contact you about possible treatment options or alternatives, or health-related benefits and services that may be of interest to you.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose information about you when required to do so by federal, state or local law.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such a donation and transplantation.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate military authority.

Workers Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health reasons to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may disclose information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may disclose health information about you in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

All other uses and disclosures of your health information will be made only with your written authorization. If you have authorized us to use or disclose information about you, you may revoke this authorization at any time except to the extent that action has been taken.

For More Information

- If you have a question or would like additional information, you may contact our privacy officer 2601 Laurel Street, Suite 250 Columbia, South Carolina 29203 or by telephone (803)799•9044.
- If you have a concern about the privacy of your information, you may contact our privacy officer. Your concerns will be responded to by our practice, but you may also file a complaint with the Secretary of Health and Human Services in the U.S. Office of Civil Rights. The privacy officer will supply information about this procedure.



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers,
- Conduct normal health care operations such as quality assessments and physician certifications.

I hereby acknowledge that I have been given an opportunity to review the privacy practices at Pediatric Associates, P.A. I understand that the practice may change its Notice of Privacy Practices from time to time and that I may contact the practice at any time to obtain current copy.

This acknowledgement has been issued and considered effective on the signed date. We will keep this signed form on file for a minimum of six (6) years.

Patient's Name

Date of Birth

Patient/Parent/Guardian Signature

Date

Patient/Parent/Guardian Printed Name

Phone Number

Relationship to Patient

OFFICE USE ONLY

Attempted to obtain the patient's signature on this Notice of Privacy Practices acknowledgement, but was unable to do so as documented below:

DATE	REASON	INITIALS