

## JEFFERS, MANN AND ARTMAN PEDIATRIC AND ADOLESCENT MEDICINE, P.A.

### NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Effective September 23, 2013**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. Our practice is dedicated to maintaining the privacy of your protected health information. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your Privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

This notice describes the practices of:

- Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.
- Any health care professional authorized to enter information into your medical record maintained by Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.
- Any persons or companies with whom Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. contracts for services to help operate our practice and who have access to your 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
- This notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

**We are required to follow the procedures in this Notice. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice 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.**

#### **B. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

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.

- 1. Treatment.** Our practice may use and disclose PHI about you to provide health care treatment to you. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use or disclose PHI in order to write a prescription for you, or we may use or disclose PHI to a pharmacy when we order a prescription for you. We may also use or disclose PHI in order to obtain lab work, an x-ray, or other health care services. Your PHI may also be used when referring you to another health care provider, (for example, if you are referred to a specialist, your doctor may share PHI with that provider). Additionally, we may disclose your PHI to others who may assist in your care, such as parents, grandparents, or authorized caregiver.
- 2. Payment.** Our practice may use and disclose your PHI 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 PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services. We may also disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. 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 our patients. We may also combine medical information about many patients to decide what additional

services Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you 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 you to another health care provider for its health care operations purpose.

4. **PHI, Results, Appointment Reminders.** Our practice may use and disclose your health information concerning appointments, results, referrals and / or release of other PHI. We may use any of the following methods to reach you with appointment reminders and / or other information requests – leave a message on your answering machine, voicemail, letter, e-mail and / or Patient Portal.
5. **Health-Related Benefits and Services.** Our practice may use or disclose your PHI to inform you of health-related benefits or services that may be of interest to you. This may include telling you about treatment, services, products and/or other health care providers.
6. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
7. **Release of Information to Family/Friends.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in Patient Profile, Permission to Release Information, and 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 care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your 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 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 best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

Our practice does, however, require consent for treatment of any minor who is not accompanied by a parent or legal guardian.

8. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We also may disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the medical information they review does not leave Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher.
9. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

#### **C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES.**

Our practice may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object.

The following categories describe unique scenarios in which we may use or disclose your protected health information:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we required or authorized by law to disclose this information. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and **disclose** your PHI in response to a court or administrative order, warrant, subpoena, or summons.
4. **Law Enforcement.** Our practice may release PHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement

- Concerning a death we believe has resulted from criminal conduct
  - Regarding criminal conduct at our offices
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
  - To comply with laws that require the reporting of certain types of wounds or other physical injuries
5. **Serious Threats to Health or Safety.** Our practice may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances we will only make disclosures to a person or organization able to help prevent the threat.
  6. **Military/National Security.** Our practice may use or disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
  7. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
  8. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
  9. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
  10. **Workers' Compensation.** Our practice may release your PHI for worker's compensation and similar programs.
  11. **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside the Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. except for training purposes or to defend a legal action brought against Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. unless you have properly authorized such disclosure in writing.

If your child is treated for ADHD/ADD, there may be psychotherapy notes included in your child's record. Those notes will be included in copies of your child's medical record. If you wish that these notes be excluded, please notify us in writing by checking and specifying "The following information should *not* be released (Please Specify, including Psychotherapy Notes) \_\_\_\_\_" on the Authorization to Use/Release/Disclose Health Information Form provided by Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.

12. **Marketing.** "Marketing" means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

#### D. YOUR RIGHTS REGARDING YOUR PHI.

1. **Rights to the Minor.** The North Carolina General Statute 90-21.5 protects your right as a minor to receive services relating to sexually-transmitted disease (STD), pregnancy, alcohol and/or drug abuse, and emotional disturbances (Mental Health services) without parental consent. We will make your parent(s) and/or legal guardian aware that as medical providers; we are not allowed notification or release of information in regards to the issues stated above, without your permission. If the medical provider determines that withholding the information could risk your life or health, the information can and will be shared. Our medical providers at Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A. will make every effort to encourage you, the minor, to discuss problems and services with your parent(s) and/or legal guardian.
2. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our HIPAA Officer at our Raleigh location, phone number (919) 786-5001, specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate **reasonable** requests. You do not need to give a reason for your request.
3. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our HIPAA Officer at our Raleigh location; phone number (919) 786-5001. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

4. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our HIPAA Officer at our Raleigh location, phone number (919) 786-5001; in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances. Under these circumstances, we will respond to you in writing, stating why we may not grant your request and describing any rights you may have to request a review of our denial.
5. **Amendment.** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be made in writing and submitted to our HIPAA Officer at our Raleigh location; phone number (919) 786-5001. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if: (a) the information was not created by us (unless the individual or entity that created the information is no longer available to amend the record); (b) we believe the information is correct and complete; (c) the information is not part of the records used to make decisions about you; (d) you would not have the right to see and copy the record as described in paragraph 4 above. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.
6. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice does not require documentation. For example, the doctor sharing information with a referring provider; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our HIPAA Officer at our Raleigh office location; phone number (919) 786-5001. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
7. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give a copy of this notice at any time. To obtain a paper copy of this notice contact any of our locations.
8. **Investigations of Breach of Privacy.** We will investigate any discovered unauthorized use or disclosure of your 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 yourself from potential harm resulting from the breach.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our HIPAA Officer at our Raleigh location; phone number (919) 786-5001. All complaints must be submitted in writing. *If you file a complaint, we will not take any action against you or change our treatment of you in any way.*
10. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.
11. **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 you as well as any information we receive in the future. We will post a copy of the current notice at Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.'s office. The notice will contain the effective date on the first page. If the notice changes, a copy will be available to you upon request.

If you have any questions regarding this notice or our health information privacy policies please contact our HIPAA Officer:

Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.  
ATTN: HIPAA Officer  
2406 Blue Ridge Road, Suite 100  
Raleigh, NC 27607  
Phone: (919) 786-5001 Fax: (919) 786-5051

This Notice of Privacy Practices is:  
Effective Date: April 14, 2003  
Revised Date: June 21, 2004  
Revised Date: September 23, 2013