

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 April 14, 2003

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 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. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING WAYS.

- 1. Treatment.** Our practice may use and disclose PHI about you to provide health care treatment to you. 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 an ear, nose, and throat, 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.** Our practice may use and disclose your PHI in performing business activities, which we call "health care operations". As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also disclose your PHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We may also leave a message on your answering machine or voice mail with an appointment reminder.
- 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.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, the parent or guardian may ask a grandparent or babysitter to bring their child to our practice for treatment of a cold or sore throat. In this example, the grandparent or babysitter may have access to this child's pertinent medical information.

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

8. 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 an adult 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. Research.** Our practice may use or disclose PHI as it relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- 8. 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.
- 9. 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.
- 10. 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.
- 11. Workers' Compensation.** Our practice may release your PHI for worker's compensation and similar programs.

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 Clayton location, phone numbers are (919) 359-3500 or (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 Clayton location; phone numbers are (919) 359-3500 or (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 Clayton location, phone numbers are (919) 359-3500 or (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 Clayton location; phone numbers are (919) 359-3500 or (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 you 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 Clayton office location; phone numbers are (919) 359-3500 or (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 our HIPAA Officer at our Clayton office location, phone numbers are (919) 359-3500 or (919) 786-5001.
8. **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 Clayton office location, phone numbers are (919) 359-3500 or (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.*
9. **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.

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

Tammy McLamb, HIPAA Officer
Jeffers, Mann and Artman Pediatric and Adolescent Medicine, P.A.
555 Medical Park Place, Suite 208
Clayton, NC 27520
Phone: (919) 359-3500 Fax (919) 359-3501 OR

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

This Notice of Privacy Practices is effective on April 14, 2003

Updated June 21, 2004