



Kidz Pediatrics  
728 North Raleigh St, Suite A-1  
Angier, NC 27501-9134  
Ph (919) 639-9995 Fax (919) 639-3518

## 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 THIS NOTICE CAREFULLY.**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at anytime. You may call the office and request a copy of the Privacy Practices. If you have questions about this Notice or need additional information, please contact our Office at (919) 639-9995.

**Protection of Medical Information** We understand that your medical information is personal and we are committed to protecting your medical information. Kidz Pediatrics creates records of the care and services provided to you. We need these records to provide you with quality care and services and to comply with certain legal requirements.

**Purpose of Notice** This Notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your legal rights to access and control your medical information.

**Who Will Follow this Notice?** This Notice describes the privacy practices of Kidz Pediatrics. We will share information with each other as necessary to carry out our respective treatment obligations, payment activities and health care operations.

**Your Rights** Although the records containing your medical information are the physical property of Kidz Pediatrics, the information belongs to you. By law, you have the right to:

- Inspect and obtain a copy of your medical information.
- Request a restriction on certain uses and disclosures of your medical information; however, we are not required to agree to a requested restriction.
- Request that we communicate with you by using alternative means or at an alternative location.
- Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is inaccurate.
- Request an accounting of certain disclosures we have made, if any, of your medical information.
- Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a paper copy of this Notice upon request.
- All requests must be in writing

**Our Duties** We are required by law to:

- Maintain the privacy of your medical information.
- Provide you with a copy of our Notice of Privacy Practices.
- Abide by the terms of our Notice of Privacy Practices.

### **How We May Use and Disclose Your Medical Information (PHI)**

We use Electronic Medical Records that store your health information. The medical Records are property of Kidz Pediatrics, but the information contained in them, belongs to you. We will make every attempt to protect the privacy of your health information. The law permits us to use or disclose your health information for the purposes of treatment, payment and health care operations. The following are *examples* of the types of uses and disclosures of your medical information that are permitted:

**Treatment** We may use and disclose your medical information to provide, coordinate or manage your health care and any related services. For example, we may disclose your medical information to the doctors or technicians that care for you, even if the doctors or technicians are not affiliated with Kidz Pediatrics.

**Payment** Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person/party responsible for payment for services we provide to you. For example, we may disclose your medical information to your health plan to determine your eligibility or coverage for insurance benefits.

**Health Care Operations** We may use or disclose your medical information for our internal operations. For example, we may use your medical information for quality improvement services to evaluate the care or other services provided to you. We may also use your medical information to evaluate the skills and qualifications of our health care providers, or to resolve grievances within our organization. We may also provide your information to consultants so that they may help evaluate our service and performance and make sure we are in compliance with the laws. We will ask you to sign in at the front desk and will call you by name when the physician is ready to see you.

**Appointment Reminders and Treatment Alternatives** We may use and disclose your medical information to provide a reminder to you about an appointment you have with us for treatment or medical care. We may also use or disclose your medical information to tell you about or recommend possible treatment options or alternatives, or inform you of other health-related benefits and services, that may be of interest to you. For example, we may use your name and address to send you a newsletter.



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### Other Permitted Uses and Disclosures

We may use and/or disclose your medical information in a number of circumstances in which it is not required that we obtain your consent or authorization, or provide you with an opportunity to agree or object. Those circumstances include:

- Unless you object, we may disclose your medical information to a family member, relative, close personal friend or other person that you identify.
- We may be required by law to disclose your medical information.
- We will make your medical information available to you and the Secretary of the Department of Health and Human Services.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that we use.
- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- We may disclose your medical information as authorized by law to comply with workers' compensation laws.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.
- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- We may use or disclose medical information for research purposes when the research received approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.
- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- We may disclose your medical information to coroners, medical examiners and funeral directors so they can carry out their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- We may use or disclose your medical information to prevent or avert a serious threat to your health or safety, or the health or safety of other persons.
- We may disclose your medical information to a health oversight agency that is authorized by law to oversee our operations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the law enforcement official or correctional institution. This disclosure is required for the institution to provide health care to you, to protect the health and safety of others, or to protect the health and safety of law enforcement personnel or correctional facility staff.
- We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

**North Carolina State Specific Requirements:** When North Carolina's laws are more stringent than federal privacy laws, the state preempts the federal law.

Diagnostic and therapeutic information regarding psychiatric, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required by law.

**Other Uses and Disclosures of Medical Information** Other uses and disclosures of your medical information not covered by this Notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care or services that we have provided to you.

**Changes to this Notice** We reserve the right to change our privacy practices and/or this Notice. If we revise this Notice, the revised Notice will be effective for all medical information we maintain. To request a copy of our revised Notice all you need to do is to call our office or simply request a copy upon your next visit.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Office Manager of Kidz Pediatrics. To file a complaint with us, contact our office at (919) 639-9995 or Email it to [kpfbarrera@hotmail.com](mailto:kpfbarrera@hotmail.com). You will not be penalized for filing a complaint.