



## 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)

Effective November 15, 2010

This notice describes how medical information about you and your child (as a patient of **Kids First Pediatrics of Raeford**) may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

**Donna Carroll**  
**Practice Administrator**  
**Kids First Pediatrics of Raeford,**  
**4005 Fayetteville Road,**  
**Raeford, NC, 28376**  
**Phone: 910-848-KIDS (5437)**  
**Fax: 910-848-5439**

**We are required by law to:**

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the notice currently in effect.

### PLEASE REVIEW THIS NOTICE CAREFULLY

#### A. COMMITMENT TO YOUR PRIVACY:

**Kids First Pediatrics of Raeford** is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you.

The terms of this notice apply to all records containing your IIHI that are created or retained by **Kids First Pediatrics of Raeford**. 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. **Kids First Pediatrics of Raeford** will post a copy of our current Notice in our clinic 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 YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI):

The following categories describe the different ways in which we may use and disclose your IIHI.

**1. Treatment.** Kids First Pediatrics of Raeford may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. Additionally, we may disclose your IHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IHI to others who may assist in your care, such as your spouse, children or parents.

**2. Payment.** Kids First Pediatrics of Raeford may use and disclose your IHI 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 for what range of 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 IHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IHI to bill you directly for services and items. We may disclose your IHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations.** Kids First Pediatrics of Raeford may use and disclose your IHI to operate our business. For example, we may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their healthcare operation activities

**4. Appointment Reminders, Treatment Options and Health-Related Benefits and Services.** Kids First Pediatrics of Raeford may use and disclose your IHI to contact you and remind you of an appointment, inform you of potential treatment options or alternatives and inform you of health-related benefits and services that may be of interest to you.

**5. Release of Information to Family/Friends.** Kids First Pediatrics of Raeford may release your IHI to a friend or family member that is involved in your care, or assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby-sitter may have access to this child's medical information.

**6. Disclosures Required by Law.** Kids First Pediatrics of Raeford will use and disclose your IHI when we are required to do so by federal, state or local laws.

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

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

- 1. Public Health Risks.** Kids First Pediatrics of Raeford may disclose your IHI 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 exposure to a communicable disease
  - notifying a person regarding a 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 are 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.** Kids First Pediatrics of Raeford may disclose your IIHI 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.** Kids First Pediatrics of Raeford may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** Kids First Pediatrics of Raeford may release IIHI 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]
5. **Deceased Patients.** Kids First Pediatrics of Raeford may release IIHI 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.
6. **Organ and Tissue Donation.** Kids First Pediatrics of Raeford may release your IIHI 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.
7. **Research.** Kids First Pediatrics of Raeford may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determine that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
8. **Serious Threats to Health or Safety.** Kids First Pediatrics of Raeford may use and disclose your IIHI 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.
9. **Military.** Kids First Pediatrics of Raeford may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Kids First Pediatrics of Raeford may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal

officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. **Inmates.** Kids First Pediatrics of Raeford may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of 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.
12. **Workers' Compensation.** Kids First Pediatrics of Raeford may release your IIHI for workers' compensation and similar programs.

#### D. YOUR RIGHTS REGARDING YOUR IIHI:

You have the following rights regarding the IIHI that we maintain about you:

1. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI 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 **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376** in order to inspect and/or obtain a copy of your IIHI. 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; however, you may request a review of our denial.
2. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
3. **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 at work. In order to request a type of confidential communication, you must make a written request to **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
4. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **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 IIHI, you must make your request in writing to **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376**. 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.

5. **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 IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; 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 **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376**. 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.
6. **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 you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Donna Carroll, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC**.
7. **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. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**  
 To file a complaint with our practice, contact:  
**Donna Carroll  
 Practice Administrator  
 Kids First Pediatrics of Raeford  
 4005 Fayetteville Road,  
 Raeford, NC, 28376  
 Phone: 910-848-KIDS (5437)  
 Fax: 910-848-5439**  
 To file a complaint with the Secretary of the Department of Health and Human Services, contact:  
**US Department of Health and Human Services  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, DC 20201**
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Kids First Pediatrics of Raeford 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 IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

**KIDS FIRST PEDIATRICS OF RAEFORD  
 NOTICE OF PRIVACY PRACTICES  
 NOVEMBER 15, 2010**



• KIDS FIRST PEDIATRICS OF RAEFORD • 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376 •  
 • PHONE 910-848-KIDS (5437) • FAX 910-848-5439 • [WWW.KIDSFIRSTPEDIATRICSRAEFORD.COM](http://WWW.KIDSFIRSTPEDIATRICSRAEFORD.COM) •



## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I have been provided with a *Notice of Privacy Practices from Kids First Pediatrics of Raeford* that outlines a more complete description of the uses and disclosures of certain health information. I understand that Kids First Pediatrics of Raeford reserves the right to change their Notice of Privacy Practices and I may request a copy of the updated Notice of Privacy Practices by calling the office or requesting a copy in person.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness Signature