

**PEDIATRIC ASSOCIATES**  
**1485 Jesse Jewell Pkwy**  
**Suite 200**  
**Gainesville, GA 30501**  
**(770) 534-5255**

**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.**

**HOW WE MAY USE AND DISCLOSURE MEDICAL INFORMATION ABOUT YOU**

Pediatric Associates may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Pediatric Associates has established a policy to guard against unnecessary disclosure of your health information. We have provided a contact person listed at the end of this notice.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** We may use your health information to provide care to you and disclose your health information to others who provide care to you. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We may disclose your health care information to individuals outside of Pediatric Associates who are involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** We may include your health information in invoices to collect payment from third parties for the care you may receive from us. For example, Pediatric Associates may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Pediatric Associates. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

**To Conduct Health Care Operations.** Provider may use and disclose health information for its own operations in order to facilitate the function of Provider and as necessary to provide quality care to all of Provider's patients. Health care operations include activities such as:

\*Quality assessment and improvement activities.

Activities designed to improve health or reduce health care costs.

- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.

- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Pediatric Associates.
- Fundraising for the benefit of Pediatric Associates and certain marketing activities.

For example, Pediatric Associates may use your health information to evaluate its staff performance, combine your health information with other Pediatric Associates patients in evaluating how to more effectively serve all of Pediatric Associate's patients, disclose your health information to staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities.** We may use information about you including your name, address, telephone number and the dates you received care at Pediatric Associates in order to contact you or your family to raise money for Pediatric Associates. If you do not want us to contact you or your family, you must notify our office in writing and indicate that you do not wish to be contacted.

**For Appointment Reminders.** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care with us.

**For Treatment Alternatives.** We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**When Legally Required.** We will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** We may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities including: audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. We, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** As permitted or required by State law, Provider may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Provider makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**To Coroners And Medical Examiners.** We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** We may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to, and in reasonable anticipation of, your death.

**For Organ, Eye Or Tissue Donation.** We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** We may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of A Serious Threat To Health Or Safety.** We may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** We may release your health information for worker's compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Provider will not disclose your health information other than with your written authorization. If you or your representative authorizes Provider to use or disclose your health information, you will need to fill out a request; you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Pediatric Associates maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Pediatric Associates' disclosure of your health information to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request. If you wish to make a request for restrictions, please do so in writing.

**Right to Receive Confidential Communications.** You have the right to request that we communicate with you in a certain way. For example, you may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. We will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made in writing. If you request a copy of your health information, Pediatric Associates may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Amend Your Health Information.** You or your representative have the right to request that Pediatric Associates amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for an amendment of records must be made in writing. Pediatric Associates may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Pediatric Associates, the records containing your health information are accurate and complete.

**Right to an Accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by us for certain purposes, which may include disclosures authorized by law and disclosures made for research. The request for an accounting must be made in writing. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Provider will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You or your representatives have a right to a separate paper copy of this Notice at any time even if you or your representatives have received this Notice previously. To obtain a separate paper copy, please ask the Front Desk staff.

## **DUTIES OF PEDIATRIC ASSOCIATES**

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If we make a material change to this Notice, we will provide a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaints to Pediatric Associates and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Pediatric Associates should be made in writing to Kaylee Welch, Practice Administrator. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## **CONTACT PERSON**

Pediatric Associates has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. Please contact: **Kaylee Welch, Pediatric Associates, 1485 Jesse Jewell Parkway, Suite 200, Gainesville, GA 30501.**

**EFFECTIVE DATE:** April 14, 2003.