

PRIVACY POLICIES

As a patient at Clayton Pediatric Center, you have the right to understand how your personal health information (PHI) is protected under the Health Insurance Portability and Accountability Act (HIPAA). We are committed to maintaining the confidentiality of your medical information.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

Your medical information may be used and disclosed by our office, our staff, and others involved in your care for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the practice, and for any other use required or permitted by law.

We may use or share your Personal Health Information (PHI) to facilitate your health care treatment. This could involve your doctor, our team, and other health care providers involved in your care.

EXAMPLE: If you're referred to another doctor, we'll ensure they have your PHI for accurate diagnosis and treatment. Occasionally, with your doctor's consent, we might also share your PHI with specialists, labs, or other health care providers assisting in your diagnosis or treatment. Additionally, your PHI may be shared with external entities like home health agencies that contribute to your care.

We may use and share your Personal Health Information (PHI) to process payment for services. This means sharing your PHI to bill or collect payments, and sometimes, to verify with your health plan whether a service will be covered.

Your PHI might be shared with:

- Billing agencies
- Insurance companies and health plans
- Government bodies for benefits qualification
- Debt collection agencies

EXAMPLE: If you undergo a procedure at our clinic, we'll send details like x-ray services to your insurer for payment. Sometimes, we might check with your health plan before certain procedures to ensure coverage. This will involve sharing your PHI.

For our practice's operational needs, we may use or share your Personal Health Information (PHI).

EXAMPLES:

- Training students, other health providers, or support staff like billing teams to enhance their competencies.
- Addressing and resolving issues or concerns within the practice.
- Implementing quality improvement measures for safer and more effective care.

We might use or share your Personal Health Information (PHI) without your consent in certain situations:

- **By Legal Mandate:** We'll comply with legal requirements, such as reporting specific injuries or suspected abuse.
- **Public Health:** To manage diseases, injuries, or disabilities, we might share with authorized public health authorities. This includes notifying those at risk of a contagious disease.
- **Health Oversight:** For audits, investigations, or inspections, we may share PHI with governmental agencies overseeing the health care system and various programs.
- **Legal Proceedings:** We may provide PHI during legal proceedings, in response to court orders, subpoenas, or other lawful processes.
- **Law Enforcement:** PHI can be released to the police or other law enforcement, in accordance with legal stipulations.
- **Coroners & Funeral Directors:** For identification, determining cause of death, or other lawful tasks, we might share PHI with coroners or medical examiners.
- **Medical Research:** With the approval of an institutional review board, your PHI may be shared with researchers who ensure its privacy.
- **Governmental Activities:** PHI might be shared for national security or, if you're military personnel, under specific circumstances.
- **Correctional Facilities:** If you're an inmate or under legal custody, PHI may be shared for your or others' health and safety.
- **Workers' Compensation:** We might disclose PHI as mandated by workers' compensation laws or similar programs.

Other Uses and Disclosures of Your Health Information:

- **Business Associates:** We sometimes collaborate with contracted entities, termed "business associates", for specific services. We'll share only the essential PHI they need and ensure they protect your data. This might include billing companies or transcription services.
- **Health Information Exchange:** We might electronically share your health data with external healthcare providers involved in your care.
- **Fundraising:** Occasionally, we may contact you for fundraising. Feel free to opt out of these communications.
- **Treatment Alternatives:** We may inform you about potential treatment options or health-related services beneficial for your wellbeing.
- **Appointment Reminders:** We might send reminders about your upcoming appointments or treatments.

Situations Where We May Use or Share Your PHI (unless you object):

- **Sharing with Designated Individuals:** We might share your data with friends, family, or others you've identified if they're involved in your care or service payments. If you're unavailable or unable to express preference, we'll use our professional judgment to determine if sharing is in your best interest. For instance, we might discuss post-procedure instructions with your driver unless you instruct us otherwise.

- **Notifications:** We might use your PHI to inform a family member, personal representative, or someone responsible for your care about your whereabouts, general health, or demise.
- **Disaster Relief:** In the event of a disaster, your PHI might be shared with authorized entities to aid relief efforts.

Uses and Disclosures Requiring Your Written Authorization:

- **Marketing:** Any marketing efforts using your PHI.
- **Selling Information:** Disclosures involving the sale of your data.
- **Psychotherapy Notes:** These are notes from a mental health professional detailing private sessions, either individual or group. Kept separately from your main medical record, they exclude medication effects, session timings, treatment types, test results, diagnoses, treatment plans, symptoms, and prognosis.

YOUR RIGHTS UNDER HIPAA

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your medical information. Our clinic is not required to agree to the restriction that you requested.
- **Right to Receive Confidential Communications:** You have the right to request that our clinic communicates with you in a certain way.
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care.
- **Right to Amend:** If you believe that your medical information is incorrect or incomplete, you may request an amendment.
- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures our clinic has made of your medical information.
- **Right to a Copy of this Notice:** You have a right to a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We will post a copy of the current notice in our clinic and on our website, if applicable.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our clinic:

Clayton Pediatric Center, 11708 US HWY 70 W, Clayton, NC 27520

You may also submit a complaint to the Secretary of the Department of Health and Human Services.

All complaints must be submitted in writing.