

HIPAA Notice of Privacy Practices of Chapel Hill Children's Clinic

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your child's protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your child's protected health information. "Protected health information" is information about your child, including demographic information, that may identify your child and that relates to his/her past, present or future physical or mental health or condition and related health care.

Uses and disclosures of Protected Health Information:

Your child's protected health information may be used and disclosed by our physicians, our office staff and others outside of our office that are involved in your child's care and treatment for the purpose of providing health care services to your child, to pay your child's health care bills, to support the operation of our practice, and any other use required by law.

Treatment: We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes the coordination or management of your child's health care with a third party. For example, we would disclose your child's protected health information, as necessary, to a home health agency that provides care to your child. For example, your child's protected health information may be provided to a physician to whom your child has been referred to ensure that the physician has the necessary information to diagnose or treat your child.

Payment: Your child's protected health information will be used, as needed, to obtain payment for your child's health care services. For example, obtaining approval for a hospital stay may require that your child's relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your child's PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your child's PHI to medical students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your child's name. We may also call your child's name in the waiting room when your physician is ready to see you. We may contact you to remind you of appointments your child has for treatment or medical care. We may contact you with information about treatment, services, products or health care providers to manage or coordinate your child's health care.

We may use and disclose PHI under other circumstances without your authorization. Those circumstances include: as required by law; necessary for public health activities; relating to abuse, neglect or domestic violence; health oversight agency activities; Food and Drug Administration requirements; for judicial and administrative proceedings; for law enforcement purposes; to coroners, funeral directors and organ donation; for medical research; to avoid a serious threat to health or safety; for specialized government functions; to correctional institutions and other law enforcement custodial situations. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that our physician or practice has taken an action in reliance on the use and disclosure indicated in the authorization.

Your rights

Following is a statement of your rights with respect to your child's protected health information.

You have the right to inspect and copy your child's PHI. Your request must be in writing and we may charge you related fees. There are certain situations in which we are not required to comply with your request. Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled to be used in a civil, criminal or administrative action or proceeding; and PHI that is subject to law that prohibits access.

You have the right to request a restriction of your child's PHI. Your request must be in writing and state the specific restriction requested and to whom you want the restriction. We are not required to agree to a restriction that you may request. If our physicians believe it is in your child's best interest to permit use and disclosure of your child's PHI, your child's PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. Your request must be in writing and we must accommodate reasonable requests. We would be unable to accommodate a request to contact you only at night or on weekends.

You have a right to obtain a paper copy of this notice. Your request must be in writing.

You may have the right to have our physicians amend your child's PHI. Your request must be in writing and must explain your reason(s) for the amendment. We have the right to deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive a listing of certain disclosures we have made, if any, of your child's PHI. Your request must be in writing and we must provide you with a list of our disclosures of your child's PHI made up to six years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except for circumstances described in this notice.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services about if you believe your child's privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact. **We will not retaliate against you for filing a complaint.**

This notice becomes effective April 14, 2003.

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices, with respect to your child's protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (919) 967-0771.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Child's Name _____

Print Your Name: _____

Your Signature: _____ Date: _____