



## NOTICE OF PRIVACY POLICY

**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.**

**INTRODUCTION:** At Excel Pediatrics we are committed to treating and using your protected health information responsibly. This Notice of Privacy Policy describes the protected health information we collect and how we use and disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 13, 2003 and applies to all protected health information that we create or obtain in providing services to you. We protect the privacy of that information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable privacy laws.

**UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION:** Each time you visit Excel Pediatrics, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This record also contains charges and billing documents for the services you receive. This record serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tools for educating health professionals.
- Source of data for medical records.
- Source of information for public health officials charged with improving the health of this state and the nation.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your protected health record is used helps to ensure accuracy, better understand who, what, when, where and why others may access your protected health information and make more informed decisions when authorizing disclosure to others.

**YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:** Although your health Record is the physical property of Excel Pediatrics, the protected health information in your record belongs to you. You have the right to:

- Obtain a paper copy of this Notice upon request.
- Inspect and copy your protected health information as provided by 45 CFR 164.524
- Amend your protected health information as provided by 45 CFR 164.526
- Obtain an accounting of disclosures of your protected health information be made by alternative means or at an alternative means or at an alternative location as provided by 45 CFR 164.522. We will accommodate all reasonable requests and will notify you if we deny your request.
- Request restrictions on certain uses and disclosures of your protected health information as provided by 45 CFR 164.522

- Revoke your authorization to use or disclose protected health information at any time as described below except to the extent that action has already been taken pursuant to your authorization.

To exercise any of these rights, submit your request in writing with the required information to the following person: Privacy Officer, 145 Tilghman Drive, Suite 300 Dunn, NC 28334 (910) 891-5437 or 609 Attain Street Suite 181 Fuquay Varina, NC 27526 (919) 557-5433. If you believe that your privacy rights have been violated, you can file a complaint to the Privacy Officer in writing. You may also file a complaint by mailing it to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing within 180 days of the time you became aware of the issue giving rise to your complaint. We will not require you to waive the right to file a complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services as a condition of receiving treatment from our office. We will not retaliate against you for filing a complaint with either the Privacy Officer or the Secretary of the Department of Health and Human Services. The address for the Secretary of the Department of Health and Human Services is:

- Region IV Office for Civil Rights  
U S Department of Health and Human Services  
61 Forsyth Street SW, Suite 3870  
Atlanta, GA 30323-8909  
Telephone: (404) 562-7886  
Fax: (404) 331-2867  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:** The rest of this Notice describes the ways we may use and disclose your protected health information as authorized by you or as required or permitted by law. Although not every specific use or disclosure is listed, the reasons for which we are permitted or required to use or disclose your protected health information listed below, HIPAA generally does not take precedence over states or other applicable privacy laws that provide individuals with greater privacy protections. As a result, when a state law requires us to impose stricter standards to protect your protected health information, we will follow the state law instead of HIPAA.

**TREATMENT:** We may use and disclose your protected health information to provide health care treatment to you. For example, information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your Physician will document, in your record, his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know you are responding to treatment. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you.

**PAYMENT:** We may use and disclose your protected healthcare information to obtain payment for services. For example, a bill may be sent to you or a third-party payer. The information accompanying the bill may include information that identifies you as well as your diagnoses, procedures and supplies used.

**HEALTH CARE OPERATIONS:** We may use and disclose your protected health information in performing business activities or "health care operations". For example, members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use your protected health to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**NOTIFICATION:** We may use or disclose your protected health information to notify or assist in notifying a family member, personal representatives or another person responsible for your care of your location, your general condition or your death as long as you have either agreed to the use of the disclosure or have not objected after being given the opportunity. If you are not present or unable to agree (for example, due to your incapacity or

an emergency) then we may use our professional judgment to determine whether the use or disclosure is in your best interest.

**ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We may disclose your protected health information to appropriate governmental authorities as allowed by law, if we believe that you may be a victim of abuse, neglect or domestic violence.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your protected health information so that governmental agencies can monitor and oversee the healthcare system and government benefit programs and be sure that certain healthcare entities are following regulatory programs or civil rights laws.

**PUBLIC HEALTH:** We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:** We may disclose your protected health information as required for judicial and administrative proceedings (for example, if you are involved in a lawsuit of dispute, we may disclose your protected health information in response to a court or administrative order). We may also disclose your protected health information in response to a subpoena, discovery request or other lawful process to someone else involved in the dispute, but only if efforts are made to tell you about the request or to obtain an order protecting the information requested.

**DISASTER RELIEF:** We may use or disclose your protected health information in order to assist in disaster relief efforts, if you have either agreed to the disclosure or have not objected after being given the opportunity to do so. If you are not present or unable to agree (for example, due to your incapacity or an emergency) then we may use our professional judgment to determine whether the disclosures are in your best interest.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:** We are required to disclose your protected health information to the Department of Health and Human Services when it is investigating or determining our compliance with HIPAA.

**REQUIRED BY LAW:** We may use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure is limited to the relevant requirement of such law.

**EXCEPTION TO THESE PERMITTED USES AND DISCLOSURES:** Communicable Diseases. If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), North Carolina law requires that information about your communicable disease to State and local officials, or to otherwise use or disclose information in order to protect against the spread of the disease. We may disclose such information without your consent to healthcare personnel who provide medical care to you.

**SPECIAL PROVISIONS FOR MINORS UNDER NORTH CAROLINA LAW:** Under North Carolina Law, minors, with or without the consent of a parent or guardian, have the right to consent to certain services for the prevention, diagnosis and treatment of certain illnesses: including venereal disease and other diseases that must be reported to the state, pregnancy, abuse of controlled substances or alcohol and emotional disturbance. If you are a minor and you consent to one of these services; you have all the authority and rights included in this Notice, relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all above services.