



913 East Arlington Blvd • Greenville, NC 27858  
Phone: (252) 561-7777 • Fax #: (252) 561-7778

## NOTICE OF PRIVACY PRACTICES

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

Eastern Pediatrics, including staff, physicians and other health care providers on our staff, use and share health information about you or your child (children) for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. We are committed to protecting health information about you or your child (children). Your child's health information is contained in a medical record that is the physical property of Eastern Pediatrics.

### **HOW WE MAY USE YOUR HEALTH INFORMATION:**

FOR TREATMENT. We may use your or your child's health information to provide, coordinate or manage medical treatment or related services. Information obtained by a nurse, physician, or other member of the healthcare team will be recorded in the medical record and used to determine the course of treatment that will work best for you or your child.

FOR PAYMENT. We may use and disclose health information to bill and collect payment for treatment and services that are received. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you or your child (children), as well as the diagnosis, procedures and supplies used in the course of treatment.

FOR HEALTH CARE OPERATIONS. We may use and disclose health information about you or your child (children) for office operations. For example, you or your child's health information may be disclosed to other staff members to:

- Evaluate the performance of our staff

- Assess the quality of care
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide

APPOINTMENTS/FOLLOW-UP CALLS. We may use your child's information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care.

INDIVIDUALS INVOLVED IN YOUR CARE. We may share information with a family member or other person identified by you or who is involved in your child's care or payment related to that care. If you do not want that information released to those involved in the care, see instructions for requesting a restriction under **YOUR HEALTH INFORMATION RIGHTS**.

#### HOW WE MAY DISCLOSE YOUR CHILD (CHILDREN'S) HEALTH INFORMATION OUTSIDE OF EASTERN PEDIATRICS NOT REQUIRING AUTHORIZATION:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

#### USES AND DISCLOSURES OF YOUR CHILD (CHILDREN'S) HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about your child (children), you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about your child (children) for the reasons covered by your written authorization. You understand that we are

unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

## **YOUR HEALTH INFORMATION RIGHTS**

**In accordance with federal regulations and Eastern Pediatrics policies and procedures, you have the right to:**

- Request a restriction on certain uses and disclosures of your or your child's health information. We will make every effort to honor your request. However, in some situations, we may be required by law to share the health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. Eastern Pediatrics is not required to agree to all requested restrictions.
- Request to inspect and/or obtain a copy of your or your child's health record. You have the right to request to inspect and/or obtain a copy of the health information and billing records. We may charge a fee for the costs associated with copying and/or mailing the information.
- Request to correct/amend information in your or your child's health record. If you feel that health information we have is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise the record.
- Request confidential communications. You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure that we have your correct address and contact information.
- Receive a listing of how your or your child's information has been shared. You have the right to receive a listing of disclosures of the health information for purposes outside of treatment, payment or office operations (not including disclosures made prior to April 14, 2003).
- Receive a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of the notice at any time.

In order to request a restriction on how your or your child's health information is used or to request confidential communication, you must submit a request in writing to the Privacy Officer at Eastern Pediatrics.

In order to request a copy, an inspection, a correction/amendment, or a listing of disclosures you must submit a request in writing to the Medical Records Department.

## **OBLIGATIONS OF EASTERN PEDIATRICS**

### **We are committed to:**

- Make sure that medical information that identifies you or your child (children) is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to you or your child's health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how health information is used or disclosed.
- Accommodate reasonable requests for communications of health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose health information for reasons other than those listed above and permitted.

Eastern Pediatrics reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by posting them in our office, posting them on our website at [www.easternpediatrics.com](http://www.easternpediatrics.com), and upon your request, we will provide you with a copy of the most recent copy of our Notice of Privacy Practices.

### **CONTACT INFORMATION**

**You may file a complaint to Eastern Pediatrics or to the United States Secretary of the Department of Health and Human Services if you believe your or your child's privacy rights have been violated. You will not be penalized for filing a complaint.**

**If you have any complaints or questions about information in this document, you may contact:**

**Eastern Pediatrics  
Attn: Privacy Officer  
913 E. Arlington Blvd  
Greenville, NC 27858  
252-561-7777**