



## Notice of Privacy Practices

(Updated 8.27.2024)

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

If you have any questions about this notice, please contact KidMed at 252.3644690.

*This notice describes the practices of KidMed, PLLC and any health care professional authorized to enter information into your child's medical record maintained by KidMed, PLLC.*

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about your child and your child's health is personal. KidMed, PLLC is committed to protecting medical information about your child (children). We create a medical record of the care and services your child receives from KidMed. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your child's care and billing for that care that are generated or maintained by KidMed, PLLC, whether made by KidMed's personnel or other health care providers. Other healthcare providers may have different policies or notices about confidentiality and disclosure that apply to your child's medical information that is created in their offices or at locations other than Pediatrics.

This notice will tell you about the ways in which we may use and disclose medical information about your child. We also describe your rights and certain obligations we have regarding the use and disclosure of your child's medical information.

We are required by law to:

- Make sure that medical information that identifies your child is kept private;
- Give you this notice of our legal duties and privacy practices at KidMed, PLLC, and your legal rights, with respect to medical information about your child; and
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not

every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- *For Treatment.* We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of your child at KidMed, PLLC. For example, a provider treating your child for a broken arm may need to know if your child has diabetes because diabetes may slow the healing process. We also may disclose medical information about your child to people outside KidMed, PLLC who may be involved in your child's medical care after your child has been treated by KidMed, PLLC, such as friends, family members, specialists, or employees or medical staff members of any hospital to which your child is transferred or subsequently admitted.
- *For Payment.* We may use and disclose medical information about your child so that the treatment and services you receive from KidMed, PLLC may be billed by KidMed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your child's health plan information about treatment your child received from KidMed, PLLC so your health plan will pay us or reimburse you for the treatment. We also may disclose information about your child to another health care provider, such as a specialist or hospital to which your child is admitted, for their payment activities concerning your child.
- *For Health Care Operations.* We and our business associates may use and disclose medical information about your child for healthcare operations. These uses and disclosures are necessary to run KidMed, PLLC and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for your child. We may also combine medical information about many patients to decide what additional services KidMed, PLLC should offer, and what services are not needed. We may also disclose information to providers, nurses, technicians, and other personnel affiliated with KidMed, PLLC for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies your child from this set of medical information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients. We also may disclose information about your child to another healthcare provider for its healthcare operations purposes if your child has also received care from that provider.
- *Appointment Reminders/ Follow-up Calls.* We may use your or your child's information to contact you as a reminder that your child has an appointment for treatment or to follow-up regarding medical care.
- *Treatment Alternatives.* We may use and disclose medical information to tell you about or recommend different ways to treat your child.
- *Research.* Under certain circumstances, we may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information about your child that has had identifying information removed may be used for research without your consent. We also may disclose medical information about your child to people preparing to conduct a research project (for example, to help them look for patients

with specific medical needs), so long as the medical information they review does not leave KidMed, PLLC. If the researcher will have information about your child's mental health treatment that reveals who your child is, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection for using or disclosing your child's medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher.

- *Individuals Involved in Your Child's Care or Payment for Your Child's Care.* We may release medical information about your child to a friend or family member who is involved in your child's medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your child's care, such as a grandparent or step-parent. In addition, we may disclose medical information about your child to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your child's care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your child's care or to an entity assisting in a disaster relief effort.
- *As Required or Permitted By Law.* We may disclose medical information about your child when required or permitted to do so by federal, state, or local law.
- *To Avert a Serious Threat to Health or Safety.* We may use and disclose medical information about your child when it appears necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

## **SPECIAL SITUATIONS**

- *Minors.* In most cases, we may release your child's medical information to you or another parent or guardian. However, minor children have the right to consent to and receive health care and medical information about the diagnosis or outpatient treatment of emotional illness or substance abuse, pregnancy (not including abortion), and sexually transmitted diseases. In these circumstances, we are unable to release your child's information unless your child agrees. However, if the physician believes that notifying you is essential to the life or health of your child, or if you or another parent or guardian contact us about such treatment or services, we may give information.
- *Organ and Tissue Donation.* If your child is an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- *Active Duty Military Personnel and Veterans.* If your adult child is an active duty member of the armed forces or Coast Guard, we must give certain information about your child to his/her commanding officer or other command authority so that your child's fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of

Veterans Affairs medical information about your child to determine whether your child is eligible for certain benefits.

- *Workers' Compensation.* In accordance with state law, we may release without your consent medical information about your child's treatment for a work-related injury or illness or for which your child claims workers' compensation to his/her employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.
- *Public Health Risks.* We may disclose without your consent medical information about your child for public health activities. These activities generally include but are not limited to the following:
  - To report, prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - To report suspected abuse or neglect as required by law.
- *Health Oversight Activities.* We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.
- *Lawsuits and Disputes.* If you or your child are involved in a lawsuit or a dispute, we must disclose medical information about your child in response to a court or administrative order. We also may disclose medical information about your child in response to a subpoena or other lawful process from someone involved in a civil dispute.
- *Law Enforcement.* We may release without your consent medical information to a law enforcement official:
  - In response to a court order, warrant, summons, grand jury demand, or similar process;
  - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
  - In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
  - To report a death or injury we believe may be the result of criminal conduct; and
  - To report suspected criminal conduct committed at KidMed, PLLC facilities.
- *Coroners and Medical Examiners.* We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or

determine the cause of death. We also may release medical information about deceased patients of KidMed, PLLC to funeral directors to carry out their duties.

- *National Security and Intelligence Activities.* We may release without your consent medical information about your child as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- *Protective Services for the President and Others.* We may disclose medical information about your child to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- *Psychotherapy Notes.* Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside KidMed, PLLC except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about your child will not be disclosed to personnel working within KidMed except for training purposes or to defend a legal action brought against KidMed, unless you have properly authorized such disclosure in writing.
- *Marketing of Health-Related Products and Services.* "Marketing" means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your child's medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your child's treatment, such as when your child's physician refers your child to another health care provider, generally are not marketing.
- *Sale of Medical Information.* We cannot sell your child's medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your child's medical information must state that we will receive payment of some kind disclosing your child's information. However, because a "sale" has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a "sale" of your child's information.
- *Inmates.* If your child is an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about your child to the correctional institution or law enforcement official who has custody of your child, if the correctional institution or law enforcement official represents to KidMed, PLLC that such medical information is necessary: (1) to provide your child with health care; (2) to protect your child's health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting your child; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to your child. If your child is in the custody of the North Carolina Department of Corrections ("DOC") and the DOC requests your child's medical records, we are required to provide the DOC with access to your child's records.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOUR CHILD**

You have the following rights regarding medical information we maintain about your child:

- *Right to Inspect and Copy.* You have the right to inspect and receive a copy of your child's medical record unless your child's attending physician determines that information in that record, if disclosed to you, would be harmful to your child's mental or physical health. If we deny your request to inspect and receive a copy of your child's medical information on this basis, you may request that the denial be reviewed. Another licensed healthcare professional chosen by KidMed will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides. If we have all or any portion of your child's medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing. Your child's medical information is contained in records that are the property of KidMed, PLLC. To inspect or receive a copy of medical information that may be used to make decisions about your child, you must submit your request in writing to KidMed's Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

*Right to Amend.* If you feel that medical information we have about your child in your child's record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for KidMed, PLLC. To request an amendment, make your request in writing to KidMed's Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for KidMed, PLLC;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your child's medical record.

- *Right to an Accounting of Disclosures.* You have the right to request a list of certain disclosures we have made of medical information about your child during the past six years. To request this list or accounting of disclosures, submit your request in writing to KidMed's Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost

involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- *Right to Request Restrictions.* Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about your child. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your child's medical information. We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide your child with emergency treatment. To request restrictions, make your request in writing to KidMed's Medical Records Department by completing the Request for Restriction on Use/Disclosure of Health Information form. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. You may request that we not disclose your child's medical information to his/her health insurance plan for some or all of the services your child receives during a visit to KidMed. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your child's care. Please note that once information about a service has been submitted to your child's health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your child's medical information for a certain service, please let us know as early in your child's visit as possible. If KidMed refers your child to another physician or initiates services for your child with a third-party provider (lab services, nebulizer, etc.), it is your responsibility to contact that other provider to request restrictions on disclosures to your child's health plan from that provider.
- *Right to Request Confidential Communications.* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at a mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.
- *Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To request an inspection, a correction/amendment, or a listing of disclosures, you must submit a request in writing to our Medical Records Department.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at KidMed, PLLC and on our website at [www.kidmednc.com](http://www.kidmednc.com). The notice will contain the effective date on the first page, in the center under the title. If the notice changes, a copy will be available to you upon request.

## **INVESTIGATIONS OF BREACHES OF PRIVACY**

We will investigate any discovered unauthorized use or disclosure of your child's medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect your child from potential harm resulting from the breach.

## **COMPLAINTS**

If you believe your child's privacy rights have been violated, you may file a complaint with KidMed, PLLC or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint. To file a complaint with KidMed, PLLC, please submit your complaint in writing to one of the following: Privacy Officers:

KidMed, PLLC 1165 Cedar Point Blvd. Suite F Cedar Point, NC 28584

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. You may obtain a copy of our medical records release form from our office or on our website at [www.kidmednc.com](http://www.kidmednc.com). If you authorize us to use or disclose medical information about your child, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to KidMed's Medical Records Department. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to your child.

I have received and read a copy of the Privacy Practices according to KidMed, PLLC.

Child's Name: \_\_\_\_\_

Representative Signing for Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_