



Notice of Privacy Practices

(Updated 1.27.2026)

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.

If you have any questions about this notice, please contact KidMed at 252.364.4690.

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 COMMITMENT TO YOUR PRIVACY

KidMed PLLC is committed to protecting the privacy and confidentiality of your health information. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOUR CHILD

We may use and disclose your child's PHI without your authorization for the following purposes:

- *For Treatment.* We may use and share your health information to provide, coordinate, or manage your child's healthcare and related services. This includes sharing information with other healthcare providers involved in your child's care.
- *For Payment.* We may use and disclose your health information to bill and collect payment for services provided to you. This may include disclosures to your health plan for eligibility, coverage, claims processing, and utilization review.
- *For Health Care Operations.* We may use and disclose your health information for our healthcare operations, including quality assessment, quality improvement, staff training, licensing, accreditation, credentialing, and business management activities.
- *Other Permitted or Required Uses and Disclosures.* We may use or disclose your health information without your authorization for certain public policy purposes, including but not limited to:
 - * Public health activities
 - * Reporting abuse, neglect, or domestic violence as required by law
 - * Health oversight activities

- * Judicial or administrative proceedings
 - * Law enforcement purposes
 - * Workers' compensation and similar programs
 - * As otherwise required by federal or state law
- *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.
 - *Psychotherapy Notes.* Psychotherapy notes, if created, are given special protection under federal law and are generally not disclosed without your written authorization, except as required or permitted by law.

YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH

You have the following rights regarding your child's PHI:

- *Right to Inspect or Obtain Copies.* You have the right to inspect and obtain a copy of your child's health information in paper or electronic form. You may request that we provide the information in a specific format, and we will accommodate reasonable requests.
- *Right to Direct Records to a Third Party.* You have the right to request that your child's health information be sent to another person or entity you designate, such as another healthcare provider.
- *Right to Request Amendments.* If you believe information in your child's record is incorrect or incomplete, you may request an amendment. We may deny your request in certain circumstances, but you will be informed in writing.
- *Right to an Accounting of Disclosures.* You have the right to receive an accounting of certain disclosures of your child's health information made by us.
- *Right to Request Restrictions.* You have the right to request restrictions on how we use or disclose your child's health information for treatment, payment, or healthcare operations. We are not required to agree to all requests, except as described below.
- *Right to Restrict Disclosures to a Health Plan When Paid in Full.* If you pay for a healthcare service in full at the time of service, you have the right to require that information about that service not be disclosed to your health plan.
- *Right to Request Confidential Information.* You have the right to request that we communicate with you about medical matters in a specific way or at a specific location.
- *Right to Receive this Notice.* You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically.

BREACH NOTIFICATION

We are required by law to notify you following a breach of unsecured protected health information involving your PHI.

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 . 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.

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:

Susan Durham-Lozaw, Privacy Officer
KidMed, PLLC 1165 Cedar Point Blvd. Suite F Cedar Point, NC 28584

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have read a copy of KidMed PLLC’s Notice of Privacy Practices

Child’s Name: _____

Representative Signing for Child: _____

Relationship to Child: _____

Signature: _____ Date: _____

