**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND**

**HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices applies to our organization, as well as to the physicians, licensed professionals, and other entities involved in your care. All members of our healthcare team work together to ensure that you receive high-quality care. As permitted by law, all the listed entities and persons may share your protected health information for necessary treatment, payment, and healthcare operations, while also ensuring that only the minimum amount of information required is shared.

As a healthcare provider, we are legally required to maintain the privacy of your protected health information and to inform you of our legal duties and privacy practices concerning your protected health information. We are committed to abide by the terms in this Notice for as long as it remains effective. We may revise the terms of this Notice of Privacy Practices as necessary, and the new Notice will be effective for all protected health information maintained by us.

In the event that a use or disclosure of your protected health information is prohibited or limited by another State or Federal law applying to the information, we are required to follow the more stringent law.

If there is a breach of your protected health information by us or our Business Associates, we are required by law to notify you.

# HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Unless we have listed it below, we will not use or disclose your protected health information without your consent or authorization. However, there are certain circumstances in which we may be required to use or disclose your information without your consent. We have listed these situations below.

For Treatment: We may use and disclose your protected health information for your treatment purposes. For instance, we may share information with your healthcare provider(s) to determine your plan of care.

For Payment: We may use and disclose your protected health information for payment purposes. For example, we may share information with your insurance company to arrange payment for the services provided to you

For Health Care Operations: We may use and disclose your protected health information for our healthcare operations, such as quality improvement, professional peer review, business management, accreditation, and licensing. We may also use your information to contact you about scheduled or canceled appointments, registration/insurance updates, billing, and payment matters.

Business Associates: We may share your protected health information with outside persons or organizations that help us provide our services, such as auditing, accreditation, and legal services. We require these business associates to safeguard your privacy.

Directories: We do not maintain an organization directory listing your information. No information that you provide us as part of your care and treatment will be included in a directory.

Family and Friends Involved in Your Care: With your approval, we may share your protected health information with designated family, friends, and others who are involved in your care or in payment of your care. If you are unavailable, incapacitated, or facing an emergency medical situation, we may share limited protected health information with such individuals without your approval.

Appointments and Services: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. You have the right to request alternative means of communication regarding your protected health information.

Research: In limited circumstances, we may use and disclose your protected health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board that oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

**Fundraising:** For fundraising purposes to support **Certain Non-Profit Organizations** and their mission provided, however, that such information is limited to demographic information only such as name, address, phone number, age or gender. If we contact you for fundraising purposes, you will be provided with information on how to remove yourself or opt out of receiving future fundraising solicitations

**Other Uses and Disclosures**

We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

* **Required by Law:** We may release your protected health information for any purpose required by law; We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
* **Public Health Activities:** We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
* **Suspected Abuse and Neglect:** We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
* **Product Recalls:** We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
* **Employer Request:** We may release your protected health information to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;
* **Court Order:** We may release your protected health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
* **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
* **Law Enforcement:** We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
* **Coroner:** We may release your protected health information to coroners or funeral directors consistent with law;
* **Organ and Tissue Donation:** We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
* **Military and Veterans:** We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
* **Worker’s Compensation:** We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.
* **National Security and Intelligence Activities**: We may release health information about you to an authorized federal official(s) for intelligence, counter-intelligence and other national security activities authorized by law.
* **Protective Services for the President and Others:** We may disclose health information about you to authorized officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
* **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

# RIGHTS THAT YOU HAVE

**Access to Your Protected Health Information**

As our valued customer, you have the right to access and review much of the protected health information that we have on file for you. Please note that all access requests must be made in writing and signed by either you or a representative authorized by you. In case you need a copy of the information, we will charge $0 per page. However, if you prefer a mailed copy, we will charge for postage. Also, if you request a summary of the information, we will charge for the preparation of the same. You can obtain an access request form from the Medical Records or Business Office staff.

Please be informed that we may deny your request to inspect and copy in certain very limited circumstances. However, if you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by our practice will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

**Amendments to Your Protected Health Information**

As a patient, you have the right to request in writing that any protected health information, that we maintain about you, be amended or corrected. We will give every request careful consideration, but we are not obligated to make all requested amendments. To be considered by us, all amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If we make an amendment or correction based on your request, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Records or Business Office staff.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person/entity that created the information is no longer available to make the amendment

- Is not a part of the information that you would be permitted to inspect and copy, or is accurate and complete.

**Accounting for Disclosures of Your Protected Health Information**

You have the right to know who we've shared your health information with. However, this doesn't include information we've shared for treatment, payment, or our healthcare operations - as we've already described. To get this list, you need to write to our Privacy Officer. Your request should cover no more than six years. We'll give you one free list per year, but if you need additional ones, we may charge you for the costs involved. We'll let you know how much it will cost before we start, so you can decide if you want to go ahead or not.

**Restrictions on Use and Disclosure of Your Protected Health Information**

As a patient, you have the right to request limitations on how we use and share your protected health information for treatment, payment, or healthcare operations. For instance, you can ask us not to disclose your treatment details to your spouse. However, if it is not feasible for us to ensure compliance or believe it will negatively impact your care, we may not agree to your request. In case we agree, we will follow it as long as it doesn't interfere with any emergency treatment you may need.

If you have paid for healthcare services out-of-pocket, we must honor your request to restrict information from being disclosed to a health plan for payment or operations purposes. To request a restriction, you must write to the Privacy Officer stating which information you want to limit and to whom you want the restrictions to apply.

Although we are not required to agree, we will try our best to accommodate reasonable requests. We reserve the right to terminate an agreed-upon restriction if we believe it's necessary. If we do, we'll notify you. You also have the right to terminate any agreed-upon restrictions by writing or telling the Medical Records department and/or Privacy Officer.

**Marketing and Fundraising**

Please note that we may use specific information such as your name, address, telephone number, email address, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information to contact you for fundraising initiatives. However, you have the right to opt-out of receiving such communications with each solicitation. Your decision to opt-out of fundraising solicitation will have no impact on your treatment or payment for services. If you choose to not receive any future marketing or fundraising materials, you have the right to request that we remove you from our marketing and fundraising mailing lists. You can make this request by sending your name and address to our Privacy Officer and we will make every effort to comply with your request.

**Confidential Communications**

As a patient, you have the right to request that we communicate with you regarding your health matters in a way that is convenient for you. For instance, you can ask us to contact you only at your workplace or send you information to a post office box. To make such a request, you need to write to our Privacy Officer stating your preferred mode of communication. We will honor all reasonable requests without asking for any justification. You must specify your desired mode of communication in your request.

**Paper Copy of This Notice**

You have the right to obtain a paper copy of this notice at any time. To obtain a copy please request it from the Clinic Front Office Clerk or our Privacy Officer.

**Complaints**

# If you think that your privacy rights have been breached, you can submit a written complaint to the Privacy Officer of the organization. Alternatively, you can file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of the violation of your rights. You won't face any retaliation for filing a complaint.

# FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at one of the following appropriate locations:

KIDS IN STRIDE – Franklin

240 Cunningham Road in Franklin, NC 28734

828-634-7800

As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.