



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed by Sandhills Pediatrics and how you can get access to this information. Please review carefully.

YOUR RIGHTS: When it comes to your health information, you have certain rights. This section explains your rights.

Upon written request:

- ✓ Ask to see or get an electronic or paper copy of your health record or other information we have about you. We will also provide a summary of your health information if requested. We will charge a reasonable, cost based fee. We will provide this information as soon as possible but no later than 30 working days after receiving request.
- ✓ Ask you to correct health information you think is incorrect or incomplete. We may say “no”, but will tell you why in writing within 60 days.
- ✓ You can ask us to communicate with you in a certain way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.
- ✓ Ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree with your request and may say “no” if it would affect your care.
- ✓ If you pay for service or health care items out of pocket in full, and you ask us not to share that information for payment or our operations with your health insurer, we will agree unless we are required by law to share that information.
- ✓ Ask us for a list or an accounting of the times we have shared your health information for reasons other than treatment, payment, healthcare operations, and when you have asked us to share information. We will provide a list for the past six years for this request. One request per year will be provided free of charge. For additional requests, we will charge a reasonable, cost based fee.
- ✓ Revoke an authorization to use or disclose PHI at any time except where action has already been taken.

You may also:

- ✓ Choose someone to act on your behalf. If you have given someone medical power of attorney or they are your legal guardian, that person can exercise your rights and make choices about your health information. We will ask for proof of this relationship before we take any action.
- ✓ Ask for a paper copy of this document even if you have agreed to receive the notice electronically. We will provide that copy promptly.
- ✓ File a complaint if you feel your rights have been violated. Contact our Privacy Officer, 195 W. Illinois Avenue, Southern Pines, NC 28387, 910-692-2444.
- ✓ File a complaint with the US Department of Health and Human Services, Office of Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- ✓ We will not retaliate for filing a complaint.

OUR RESPONSIBILITIES: The law requires us to:

- ✓ Maintain the privacy and security of your protected health information.
- ✓ Notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- ✓ Follow the duties and privacy practices described in this notice and give you a copy of it.
- ✓ Not to use or share your information other than what is described in this notice unless you tell us we can in writing. If you tell us we can and then change your mind, just let us know in writing that you have changed your mind.

YOUR CHOICES: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, talk to us.

- ✓ In these cases you have both the right and the choice to tell us to: share information with your family, close friends, or others involved in your care and share information in a disaster relief situation.
- ✓ If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- ✓ In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
 - In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURE: We typically use or share your health information in the following ways:

- ✓ Treatment: We can use your health information and share it with other professionals who are treating you. Example: we may share your health information to an outside doctor for referral. We will also provide your health care providers with copies of various reports to assist them in your treatment.
- ✓ Payment: We can use or share your health information to bill and get payment from health plans or other entities. Example: we give information about you to your health insurance plan so it will pay for your healthcare.
- ✓ Healthcare Operations: We can use and share your health information.

CHANGES TO THIS NOTICE: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

**Sandhills Pediatrics
PRIVACY OFFICER
195 W. Illinois Avenue
Southern Pines, NC
910-692-2444**

Effective Date: 4/14/2003

**Revision Dates: 9/23/2013
10/31/2018**