

Rainbow Pediatrics

Notice of Privacy Practices Revised 8/31/09

This notice describes how medical (health) information about your child may be used and disclosed, by Rainbow Pediatrics, and how you can get access to this information. Please review this notice carefully.

As a part of the process of providing care and treatment to your child the staff, physicians, and other healthcare providers at Rainbow Pediatrics will need to document, use and share information about your child. We are committed to, and we take special care in protecting this information. Your child's health information is contained in a medical record that is the physical property of Rainbow Pediatrics.

This **Notice of Privacy Practices**, which is required by law, describes how Rainbow Pediatrics may use and disclose your child's protected health information (PHI) to carry out Treatment, to obtain Payment for treatment, or for health care Operations (TPO), and for other purposes that are permitted or required by law. It also describes your right to access and control this information. **"Protected Health Information (PHI)** is information your child including demographic information, that may identify your child and that relates to your child's past, present, or future physical or mental health or condition and related health services.

How Rainbow Pediatrics May Use Your Child's Health Information

For Treatment: We may use your child's health information to provide, coordinate, or manage, your child's health care and any related services. The information gathered by a physician, nurse or other provider or staff member will be documented in your child's record and will be used to determine the appropriate course of treatment for your child's health. For example, your child's health information may be provided to another physician or agency to which your child has been, or may be referred for additional treatment.

To Obtain Payment: We may use and disclose health information, as needed, to obtain payment for health services provided to your child. For example, a bill for treatment services provided may be sent to you or your insurance company. The bill will contain information that identifies you or your child, as well as a diagnosis, procedures and supplies used during treatment.

For Health Care Operations: We may use and disclose, as needed, your child's protected health information in order to support the essential business activities of Rainbow Pediatrics. These activities include, but are not limited to: evaluating the quality of the treatment we provide; evaluating the performance of our staff; calling and reminding you of an appointment; or to call you, or your child by name, in the waiting room, when the provider is ready to see your child.

If the practice has a need to use or disclose your child's information for purposes other than TPO purposes, as outlined above, you or your child must approve of such use /disclosure by documenting

such approval on a form entitled: **Patient Authorization for Use and disclosure of Protected Health Information.**

Note: If it is your desire that another Individual(s) be Involved in your child's care, and have access to your child's health information, such as a grandparent, relative, or a friend, Rainbow Pediatrics requires that a **Power of Attorney**, authorizing the individuals involvement, properly signed by you and witnessed by a **Notary Public** be on file in your child's record. A form that may be used for this purpose can be obtained from our office. Without this authorization we will not release information, nor may another individual be involved in your child's care.

Disclosure of Your Child's Information Outside of Rainbow Pediatrics

We may use or disclose your child's health information in the following situations, as required by federal, state, or local law, without your authorization : Communicable disease or health oversight; abuse or neglect ; Food and Drug Administration requests; legal proceedings ; law enforcement activities; medical examiners activities ; voluntary organ/tissue donation ; matters of national security; or Worker's Compensation. Under federal law we must also make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy and security laws.

Your Child's Health Information Rights

In accordance with federal regulations and the policies of Rainbow Pediatrics, you have the right to:

- **Inspect and request a copy of your child's health record.** You have the right to inspect and/or obtain a copy of your child's health information and billing records. We may charge for the cost associated with copying and mailing. A form entitled: **Request to Inspect and Copy Protected Health Information** is available from our office to be used to make this request.
- **Request a restriction on certain uses and disclosures of your child's health information.** We will make every effort to honor your request for a restriction; however, Rainbow Pediatrics is not required to agree to all restrictions. A form entitled: **Request For Limitations and Restrictions of Protected Health Information** is available from our office to be used to make this request.
- **Request a change or amendment to information in your child's health record.** You may make such a request if you feel that information contained in your child's health record is incomplete or incorrect. If the practice determines that the information is indeed incomplete or incorrect, the record will be revised. A form entitled: **Request for Correction/Amendment of Protected Health Information** is available from our office to be used to make this request.
- **Request confidential communication of information.** You have the right to request that we communicate with you, about your child's health information in a particular manner, such as by mail rather than telephone; or at a location other than your permanent address. It is your responsibility to make sure that we always have your correct address and telephone number. The form entitled: **Request For limitations and Restrictions of Protected Health Information** may also be used to for this purpose.

- **Request an accounting of certain disclosures of your child's information.** You may request that we provide a list of and disclosures we may have made, of your child's health information for purposes other than treatment, obtaining payment for treatment, or for health care operations, as referenced earlier in this notice. A form entitled: **Request for an Accounting of Certain Disclosures of Protected Health Information for Non-TPO Purposes** is available from our office to be used to make this request.
- **Request a paper copy of this notice.** You may request that we provide you with a paper copy of this notice.
- **File a complaint if you think your child's privacy rights have been violated.** If you believe that we have violated your child's right to privacy you may file a written complaint with the United States Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. A **Patient Complaint Form** is available from our office for you to use to communicate directly to us any complaint you may have.

If you have any complaints, or questions about this document you may contact our Compliance Officer at the following: **Practice Administrator, Rainbow Pediatrics, 1540Purdue Dr, Suite 101, Fayetteville, NC 28303. Telephone 910-486-5437 ext. 106.**