

# NOTICE OF PRIVACY PRACTICES FOR

**Carolina Pediatrics & Adolescent Care, pa  
2113 Adams Grove Road Suite 101  
Columbia, SC 29203  
(803) 256-0531-phone (803) 765-9052-fax**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Introduction**

At Carolina Pediatrics & Adolescent Care, pa we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

## **Understanding Your Health Record/Information**

Each time you visit Carolina Pediatrics, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care & treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state & nation,
- A source of data for our planning & marketing,
- A tool with which we can assess & continually work to improve the care we render & the outcomes we achieve,

Understanding what is in your record & how your health information is used to help you to:

Ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights**

Although your health record is the physical property of Carolina Pediatrics & Adolescent Care, pa, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect & copy your health record as provided in 45 CFR 164.528,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses & disclosures of your information as provided by 45 CFR 164.522,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities**

Carolina Pediatrics & Adolescent Care, pa is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties & privacy practices with respect to information we collect & maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices & to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization

according to procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have any questions & would like additional information you may contact the practice's Privacy Officer at:

*Carolina Pediatrics & Adolescent Care, pa*  
*Attn: Practice Administrator*  
*2113 Adams Grove Road, Suite 101*  
*Columbia, SC 29203*  
[mlambries@physicianservicesc.com](mailto:mlambries@physicianservicesc.com)  
*(803) 256-0531*

If you believe your privacy rights have been violated you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
*U.S. Department of Health and Human Services*  
*200 Independent Avenue, S.W.*  
*Room 509F, HHH Building*  
*Washington, D.C. 20201*

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*\* We will use your health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took & their observations. In that written the physician will know how you are responding to treatment.

*\* We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*\* We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care & outcomes in your case & others like it. This information will then be used in an effort to continually improve the quality & effectiveness of the healthcare & service we provide.

*\* Business associates:* There are some services provided in our organization through contacts with business associates.

Examples include physician services in the emergency department & radiology, certain laboratory tests, and a billing service we use. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do & bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*\* Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, & general condition.

*\* Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You may request restrictions on disclosing your health information.

*\* Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal & established protocols to ensure the privacy of your health information.

*\* Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*\* Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*\* Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits & services that may be of interest to you.

*\* Fund raising:* We may contact you as part of a fund-raising effort.

*\* Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product & product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*\* Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*\* Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*\* Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards & are potentially endangering one or more patients, workers or the public.

**Acknowledgement of Receipt of this Notice:** We will request that you sign a separate form or notice

**acknowledging you have received a copy of this notice. If you choose not to sign, or are not able to sign, a staff member will sign their name & date. This acknowledgement will be filed with our records. Thank you.**