

## DEKALB PEDIATRIC CENTER, P.C.

### NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Our Commitment to Your Privacy**

We at Dekalb Pediatric Center understand that information about you and your family is personal. We are committed to protecting your information. This notice tells you how DPC uses and discloses information about you and your children. It tells about your rights and about Dekalb Pediatric Center's requirements to maintain the confidentiality of health information that identifies you. Dekalb Pediatric Center is required to give you this notice of our legal duties and privacy practices regarding the information we have about you, and we are required to follow the terms of this notice.

The terms of this notice apply to all records containing your personal information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **How We Use and Disclose Health Care Information**

The following categories describe different ways that Dekalb Pediatric Center uses and discloses your children's health information. For each category we will explain what we mean and give an example.

**1. For Treatment:** Our practice may use and disclose information about you or your children to ensure that they receive necessary medical treatment and services. For example, we might use this information in order to write or call in a prescription for you. Many of the people who work for our practice, including, but not limited to, our doctors and nurses, may use or disclose your information in order to treat you or to assist others in your treatment. Additionally, we may disclose your information to other health care providers for purposes related to your treatment.

**2. For Payment:** Our practice may use and disclose your personal information in order to bill and collect payment for the services and items you may receive from us. For example, bills and claims sent for services rendered include information that identifies you, as well as your children's diagnoses and treatments. We may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may disclose your personal information to other health care providers and entities to assist in their billing and collection efforts.

**3. For Health Care Operations:** Our practice may use and disclose information about you or your children to operate our business. For example, this information may be used to assess and monitor quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

**4. To Keep You Informed:** Our practice may use and disclose your personal information to keep you informed about your child's health and well-being. Examples include calls or mailings to remind you of an appointment, or about disease management or treatment options.

**5. For Health Oversight Activities:** We may disclose your personal information to a health oversight agency for activities required by law. This can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**6. Release of Information to Family/Friends:** Our practice may release your personal information to a friend or family member that is involved in your care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to our office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

**7. For Public Health Risks:** Our practice may disclose your personal information to public health authorities that are authorized by law to collect information for various purposes. Examples include: maintaining vital records, such as births and deaths, reporting child abuse or neglect, preventing or controlling disease, injury or disability, notifying a person regarding potential exposure to a communicable disease, notifying a person regarding a potential risk for spreading or contracting a disease or condition, and reporting reactions to drugs or problems with products or devices.

**8. For Research:** Our practice may disclose information about your child for a research project that has been approved by a review board. The review board must review the research project and its rules to ensure the privacy of your information. In all other cases we would obtain your written authorization.

**9. As Required by Law:** Dekalb Pediatric Center will disclose information about your children when required by law or by a court order.

## Your Health Information Rights

**You have the following rights regarding the health information that we maintain about you:**

**1. Inspection and Copies:** You have the right to inspect and obtain a copy of your health information. Exceptions are psychotherapy notes and information that is needed for a legal action relating to Dekalb Pediatric Center. You must submit your request in writing to **Bruce Winston 404-508-1177** in order to inspect and/or obtain a copy of your information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

**2. Amendment:** You may ask us to change your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to **Bruce Winston**. DPC may deny your request under certain circumstances.

**3. Accounting of Disclosures:** All of our patients have the right to request a list of certain non-routine disclosures our practice has made of your personal information for non-treatment or operations purposes. The use of your information as part of routine patient care in our practice does not require documentation. To obtain an accounting of disclosures, you must submit your request in writing to **Bruce Winston**.

**4. Requesting Restrictions:** You have the right to request a restriction on certain uses or disclosures of your health information. DPC is not required to agree with your request. In order to request a restriction in our use or disclosure of your information, you must make your request in writing to **Bruce Winston**.

**5. Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Bruce Winston**.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Bruce Winston, 404-508-1177, or the website at [www.dekalbpeds.com](http://www.dekalbpeds.com).**

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. We will provide the address for the Office of Civil Rights upon request. To file a complaint with our practice, contact **Bruce Winston, 404-508-1177**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your personal information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your information for the reasons described in the authorization. Please note we are required to retain records of your care.

## **For More Information**

If you have any questions regarding this notice of our health information privacy policies, please contact **Bruce Winston at 404-508-1177**, or mail to: **Dekalb Pediatric Center, Atten: Bruce Winston, 350 Winn Way, Decatur, GA 30030.**