



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: 3/1/2015

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

If you have any questions about this notice, please contact our office at 844-437-5455.

WHO WILL FOLLOW THIS NOTICE:

This notice describes Healthy Kids Pediatrics, LLC (our "Practice") and that of all physicians and staff of our practice. Our practice follows the terms of this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our Practice. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated 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 and 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. There are privacy laws that permit our Practice to use or disclose your health information for various purposes. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

1) TREATMENT: Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a

pharmacy when we order a prescription for you. Finally, we may disclose your IIHI to health care providers for purposes related to your treatment.

2) PAYMENT: Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of 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 also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

3) OPERATIONS: We may use and disclose medical information about you for our Practice's operations.

These use and disclosures are necessary to run our organization and to make sure that all of our patients receive quality care. Health care operations include quality assessment and improvements activities, reviewing the competence or qualifications of health care professionals, and evaluating practitioner and provider performance.

4) APPOINTMENT REMINDERS: We may use and disclose health information to contact you as a reminder that you have an appointment at our Practice (such as voicemail messages at home or place of business, postcards, letters, faxes or messages left with anyone that answers the phone in your home).

5) DISCLOSURES REQUIRED BY LAW: Our practice will use and disclose your IIHI when we are required to do so by federal, state, or local law.

6) OFFICE COMPUTERS AND RECEPTION AREA: We maintain your IIHI in your chart and our computer network, which is accessible only by authorized personnel. We will not disclose any personal health information to any patient or people not directly involved in your treatment.

SPECIAL CIRCUMSTANCES

1) Public Health: As required by law, we may disclose your IIHI to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

2) Health Oversight Activities: Our practice may disclose your IIHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

3) Judicial and Administrative Proceedings: Our practice may disclose your IIHI in the course of any administrative or judicial proceedings.

4) Law Enforcement: For example, we may release your IIHI in response to a court order, subpoena, warrant, summons or similar process.

5) Public Safety: Our Practice may disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or the general public.

6) Worker's Compensation: We may release IIHI for Worker's Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

WHEN OUR PRACTICE MAY NOT DISCLOSE YOUR IIHI

As described in this Notice of Privacy Practices, our Practice will not use or disclose your health information without your written authorization. If you do authorize our Practice to use or disclose your health Information for another purpose, you may revoke your authorization in writing at any time.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to request restrictions on certain uses and disclosures of your health information. Our practice is not required to agree to the restriction that you have requested. If we do agree to the request, we will document the restrictions and abide by them, except in emergency situations. You may not limit the use and disclosures that we are legally allowed to make.
- You have the right to receive your health information through a reasonable alternative means or location. For example, sending information to your work address rather than your home address, or asking to be contacted by mail rather than telephone.
- You have the right to inspect and copy your health information. You must submit your request in writing to our Privacy Officer. Our practice charges a fee for the costs of copying your IIHI. In addition, the inspection must be done in a private area with our Privacy Officer present at a mutually agreed upon time.
- You have the right to an accounting of disclosures of your IIHI made by this office.
- You have a right to request that our Practice amend IIHI that you feel is incorrect or incomplete. Our practice is not required to change your IIHI and will provide you with information about our Practice's review and denial process and how you can disagree with the denial.
- You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights please contact our office at 844-437-5455.

Healthy Kids Pediatrics, LLC participates in record sharing with other facilities through our electronic medical record system. Because all participants in the patient record sharing network agree to access and use records for treatment purposes only, HIPAA allows the exchange of clinical data for treatment without patient consent. Patient data is accessed only at the point of care by healthcare organizations that have a treatment relationship with the patient. This helps our office be more efficient and have greater communication with local hospitals and specialists. If you would like to opt out of this feature, you must notify our practice in writing.