Durant Road Pediatrics Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed.
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all Personal Health Information (PHI) and medical records to be kept confidential.
We are committed to protecting the privacy of your PHI.
We may use and disclose/share your medical records for the following purposes,

1. To provide comprehensive health care for you- including sharing your PHI with other physicians, specialists, pharmacies, home health agencies, labs, radiology facilities, hospitals and other allied health professionals that are involved in your care.

2. Payment for Services- including confirming eligibility, submitting claims to your insurance carrier, billing companies and collection agencies.

3. Health Care Operations- include the business aspects of running our practice that allows us to improve the quality of care we provide and reduce health care costs. These include internal quality review, auditing functions, cost management analysis, staff training, cooperating with other government and licensing agencies etc
We participate in an Organized Health Care Arrangement with providers in the UNC Health Alliance and a Health Information Exchange, HIE. We may use your PHI for our own health care operations and for those of the Organized Health Care Arrangements in which we participate.

We may use your PHI without your permission under the following circumstances,

1. If required by law or to assist in any legal proceedings
2. For public health reasons
3. If related to victims of abuse, neglect or domestic violence
4. Related to medical research
5. When disclosure is to avert a serious threat to health or safety of self or the public
6. To a coroner or medical examiner for identification purposes if you should die
7. When disclosure relates to cadaveric organ, eye or other tissue donation purposes
8. Special government purposes

We may also contact you by phone, voicemail or mail regarding appointment reminders or leave brief messages regarding labs, X-rays or other health related information.

We may share with a family member, friend, relative or other persons identified by you, PHI directly related to that persons involvement in payment for your care.

You have the following rights with respect to your PHI,

1. To see and obtain a copy of your PHI
2. To request a restriction on use and disclosure of your PHI with exceptions as noted above
3. Request an amendment of your PHI
4. Request different ways to communicate with you
5. Request a listing of disclosures we have made other than for treatment, payment or health care operations

Thank you for taking the time to review our Privacy Policy.

Please contact us if you think your privacy rights have been violated by us in any way.
Durant Road Pediatrics PLLC reserves the right to change its privacy policy at any time.
Any changes will apply to all PHI.

Parent signature: _____ Date: _____