



NOTICE OF PRIVACY PRACTICES FOR MORPHIS PEDIATRIC GROUP

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

Understanding Your Child's Medical Records/Health Information

Your child's healthcare provider, we will maintain a record of your child's visit that contains child's symptoms, reports of examinations and test results, diagnoses, treatments, correspondence with other providers, and plans for future care of treatment.

Your Child's Health Information Rights

Your child's health records is the physical property of this practice, however, the information it contains belongs to you. You have the following rights and we request that you notify the Privacy Officer of the practice of your requests for any of these actions:

- a) **Request Restrictions:** You have a right to request restrictions on the use of your child's information.
- b) **Obtain A Paper Copy Of This Notice:** You have the right to receive a paper copy of this notice.
- c) **Inspect And Copy:** You have the right to inspect and receive a copy of your child's health information. If you request a copy of your child's information you may be charged a reasonable fee for photocopying, retrieval, labor, postage, and supplies used.
- d) **Amend:** You have the right to request that we amend your child's health information.
- e) **Obtain An Accounting Of Disclosure:** You have the right to request an accounting of certain disclosures of information that have been made about your child. This listing includes disclosures of your child's information for other than treatment, payment, or healthcare purposes and is within specified period for up to six year. The first listing of disclosures is provided as a complimentary service to you, but you may be charged a reasonable fee for additional request made within a twelve-month period.
- f) **Request Communications Of Your Child's Health Information:** You have the right to request that you receive communications regarding your child's information in a certain manner or at a certain location.
- g) **Revoke Your Authorization For Disclosure:** You have the right to revoke an authorization for disclosure of information that was previously given.

Our Responsibilities

This practice is required to:

- a) **Confidentiality:** Maintain the privacy of your child's health information.
- b) **Provide A Copy Of This Notice:** We will provide you with a copy of this notice of legal duties and privacy practices with respect to the information we collect and maintain about your child.
- c) **Abide By The Terms Of This Notice.**
- d) **Unable To Restrict:** We will notify you if we are unable to agree to requested restriction of your child's information.
- e) **Provide Alternative Means Or Alternative Locations:** We will accommodate reasonable requests that you may have to communicate new provisions effective for all protected health information we keep. Should our information practices change, we will notify you of these changes when you return to our office. We will not use or disclose your child's health information without your authorization, except as describes in this notice.

For More Information

- a) If you have a question or would like additional information you may contact our privacy officer.
- b) If you have a concern about the privacy of your information, you may contact our privacy officer. Your concerns will be responded to by our practice, but you may also file a complaint with the Secretary of Health and Human Services in the US Office of Civil Rights. The privacy officer will supply information about this procedure.

Examples Of Disclosures Of Information

- a) **Treatment:** 708 Medical Park Drive Hartsville, South Carolina 29550 Ph:(843)332-5121 Fx:(843)332-0993

1. We will use your child's health information for treatment purposes. As an example information given to a nurse or physician will be recorded in your child's health record and used to determine the best treatment for your child. Members of the healthcare team will document your child's treatment goals, take action, and clinical observations.
 2. We will provide your child's other healthcare providers with copies of various reports that will help them to treat you for any subsequent conditions that may arise.
- b) **Payment:** A bill may be sent to your third party payer. The information on or accompanying the bill may include information that identifies you and/or your child, your child's diagnoses, and supplies used.
 - c) **Healthcare Operations:** The physicians and members of your child's healthcare team may use the information to evaluate the quality of care your child received as well as the care received by others similar to your child. This information will be used to improve the effectiveness of healthcare operations.
 - d) **Business Associates:** There are some services provided through contracts with business associates. As an example, we contract with a company that provides information services for the computer system we operate. When these services are contracted we may disclose your child's healthcare information to this business associate so that they can perform the work we require. To protect your child's health information the business associate must appropriately safeguard your child's information.
 - e) **Notification:** We must disclose information to notify or assist in notifying a family member, personal representative or other person responsible for your child's care or information about your child's general condition.
 - f) **Communication With Family:** We will use good judgement in disclosing to a family member or any other person you identify health information relevant to that person's involvement in your child's care or payment related to your child's care.
 - g) **Research:** We will disclose only limited information to approved researchers that participate in research approved by our institutional review board. We will obtain a written authorization from you to disclose information for other research purposes.
 - h) **Funeral Directors:** We may disclose health information to funeral directors consistent with state laws that allow them to carry out their duties.
 - i) **Organ Donation:** If your child is an organ donor, we may disclose your child's information to organizations that help procure, bank, or transport organs and tissue donation and transplantation purposes.
 - j) **Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
 - k) **Fundraising:** We may contact you as part of fundraising efforts.
 - l) **Food And Drug Administration:** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
 - m) **Workers Compensation:** In accordance with state law we may disclose health information as is requires for processing a claim under workers compensation.
 - n) **Public Health:** Under South Carolina state law we may disclose your child's health information to the health department in order to prevent or control disease, injury, or disability.
 - o) **Correctional Institution:** If your child is an inmate of a correctional institution we may disclose to the institution or its agent's health information that is needed for your child's health or the health and safety of others individuals.
 - p) **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
 - q) **Health Investigation:** Federal and state laws make provisions for your child's health information to be release to appropriate health authorities provided that a member of our staff or business associates believed in good faith that we have ungagged in unlawful conduct or have otherwise endangered one or more patients, workers, or the public.
 - r) **Other Disclosures:** If you have authorized us to use or disclose information about your child you may revoke this authorization at any time.

Acknowledgement Of Receipt Of Privacy Practices

This notice has been issued and considered effective on the date signed. We will keep a signed acknowledgement of receipt of this form on file for a minimum of six (6) years.