



NOTICE FOR PRIVACY PRACTICES

Last updated: February 15, 2023

PROTECTING YOUR PRIVACY

At Concord Children's Clinic, we understand that your health information is personal, and we are committed to protecting your privacy. This Notice describes how your health information may be used and disclosed, how we protect your information and your rights under the Health Insurance Portability and Accountability Act ("HIPPA"). We are required by law to:

- Maintain the privacy of your health information as outlined in this Notice.
- Provide you with notice of your legal duties and privacy practices related to your health information.
- Follow the terms of the Notice currently in effect.

Before we use or share this information for a purpose that is not covered by this Notice or required or permitted by law, we ask for your written permission.

Concord Children's Clinic reserves the right to change this notice.

WHO FOLLOWS THIS NOTICE

This Notice is followed by our employees, volunteers, contractors, and medical staff members while they are handling our patients' information. Note that independent providers are legally separate and responsible for their own acts; Concord Children's Clinic is not responsible for how they provide care or handle your information.

HOW YOUR INFORMATION IS USED AND SHARED

Concord Children's Clinic follows all applicable laws related to protected health information. While not every use and disclosure of your health information can be described in this Notice, we have highlighted the most common ones.

For Treatment

We may use and share your health information to provide, coordinate, or manage your health care and related services, both with our own providers as well as others, including outside providers, involved in your care. Specialists and Care/Case Managers may need information for continuity of care.

We may use your health information to tell you about possible treatment options or alternatives that may interest you. For example, we may tell you about exercise resources or apps that could support your health. In many situations, you can sign up directly with a vendor and/or apps. We encourage you to carefully review any terms of use that may apply.

With this other resource, as we are not responsible for what they do with your information.

For Payment

We may use and share your health information with other to bill and collect payment for services we provide to you, such as billing vendors, collection agencies, insurance companies, health plans and their agents. Unless you specifically tell us otherwise, we will assume you want us to bill your insurance that is on file on our records.

For HealthCare Operations

We may use or share your health information to carry out business activities that help us operate our health systems, to improve the quality and cost of patient care, and conduct other health care operations. We may look at patient information to evaluate the performance of staff, plan new services, or to send you a survey. We may use and disclose your health information to comply with this Notice and with applicable laws, or in connection with a transaction or sale affecting all or part of our business. We can also share your information with other providers who have a relationship with you for their own healthcare operations even if they are not affiliated with us.

Communicating With You

We may use and share health information to contact you about treatment, care, or payment. We may also send you appointment or check-up reminders, information about upcoming health screening events, research information, or contact you to ask you for feedback regarding your care at Concord Children's Clinic. These messages may be sent using automated dialing and/or pre-recorded messages. You have the right to opt out of receiving these messages. To opt out of text messages, please follow the opt out prompt in the text message. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

Business Associates

Sometimes we hire other people, companies known as business associates, to help us perform services and manage our operations (ex: healthcare monitoring services, collection agencies, software companies, etc.) We share health information with these vendors so they can perform the job we have asked them to do. They must sign a contract that requires them to protect your health information and keep it confidential, which they are also required to do by law.

Other HealthCare Arrangements (OHCAs and ACOs)

Concord Children's Clinic participates in organized health care arrangements (OHCAs), such as with medical staff and care coordinators. These arrangements allow us to share information with other entities and providers that participate in a clinically integrated setting. We do this to provide better care and achieve value; for treatment, payment, and health care operations purposes; and for joint activities of the participating entities and providers.

Additional Uses and Disclosures of Your Health Information

Federal and State laws allow us to use or disclose your health information without your permission in certain situations. These include:

- As required by local, state, or federal law, such as to report gunshot wounds or respond to subpoena.
- As required by government agencies for health oversight activities, such as to state regulators and health agencies.
- To avert a serious and imminent threat to health or safety to you or to someone else.
- For organ tissue donation, purposes, such as to an organ procurement organization when a patient is an organ donor.
- For public health activities, such as to the CDC or health department to prevent or control a communicable disease.
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- For legal proceeding, such as if we are required to respond to a warrant or court order.
- To law enforcement and correctional institutions, such as in response to certain crimes or to find a missing person.
- For relief purposes, such as to the American Red Cross or FEMA in the event of a natural disaster, such as a hurricane or a public emergency.
- For worker's compensation claims as allowed by state law.

YOUR RIGHTS TO OPT OUT OF OR OBJECT TO CERTAIN USES OR DISCLOSURES

Fundraising Activities

We may use some of your health information to identify causes you may care about and wish to support through a donation to advance patient care, health care, education, and research. You have the right to opt out of fundraising communications by contacting our privacy manager. Opting out of fundraising communications, will not affect your ability to obtain health care at Concord Children's Clinic.

Health-Related Benefits & Services

We may use and disclose your information to tell you about health-related benefits or services that may be of interest to you. We do not sell your information or get paid by vendors to communicate with you without your written authorization. You may choose not to receive any communication from us that encourages you to purchase or use any product or service by contacting our privacy manager.

Individuals Involved in Your Care or Payment

We may share your health information with a family member, personal representative, a health care power of attorney, a legal guardian friend or other person you identify or who is involved in your care or payment for that care. We may also share information to notify people involved in your care about our location, general condition, or death. Some laws also require us to notify those involved in your care that you have been admitted, transferred, or discharged from a facility. If you are unable to make decisions by yourself or it is an emergency, we will use our professional judgement to decide if it is in your best interest to share your health information with those involved in your care. In some cases, we may require proof of their authority, such as a health care power of attorney.

Electronic Records & Health Information Exchange

Your health information will be stored in our electronic medical record, so your care community can help you. Your information through health information exchanges or through clinically integrated networks that allow member providers to securely exchange health information for treatment purposes. By seeing records of past care received at other locations, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment.

We also participate in a health information exchange (HIE) NC Health Connex (hiea.nc.gov/patients). You do not have to participate in an HIE to receive care from us and can opt out but opting out of a HIE does not stop us from using or sharing your information as described in this Notice. Note that our ability to use and share your information as described in this Notice is not affected by whether you participate in an HIE.

Research

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

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding the health information we maintain about you, which are outlined below.

Right to a Copy of Your Health Record

You can ask for a copy of part or all your medical records, through certain exceptions may apply. You can obtain a Medical Release Form from our clinic which is required for us to release the records. Records may take 5-7 business days to be prepared. A fee may be applicable.

Right to Request Changes to Your Health Information

You can ask to change/add information to your health record that you think is wrong or incomplete if the information is kept by Concord Children's Clinic. Your amended information will be noted in your patient chart.

Request an Accounting Disclosure

You have the right to ask for a list of entities we have shared your information with over the last 6 years known as an "accounting of disclosures". Note the list will not include disclosures made to those involved in treatment, payment, or for health care operations, or certain other disclosures including those authorized by you. A fee may be applicable.

Request Restriction on Sharing Your Information

You have the right to ask that we limit how we use or share your information for treatment, payment, or health care operations. You can also ask us to limit sharing information with others involved in your care, such as a family member or friend. We are not required to agree to your request, except as stated below. If we do agree to the request, the restriction will go into effect when we notify you. Even if we agree, the restriction may not be followed in some situations, such as emergencies or when required by law.

Request That We Change How We Contact You

We can meet reasonable requests to be contacted at different places or in different ways (ex: call on mobile phone instead of home phone). You are not required to tell us the reason for your request. We will accommodate reasonable requests, but your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to request a paper copy of this Notice upon request at Concord Children's Clinic.

Right to Be Notified of a Breach

You have the right to be notified if your unsecured health information is acquired, used, or shared in a manner not permitted under law that results in more than a low risk of compromise to its security or privacy.

CHANGES TO THIS NOTICE OR PRIVACY PRACTICES

We reserve the right to change and update this Notice at any time. The revised Notice will be effective for health information we already have about the patient, as well as for any health information we create or receive in the future. The effective date is listed on the first page of this Notice and will post the current copy at the practice location and on our website.