



Triangle Pediatrics - Assuring Your Privacy

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was passed into law. The primary goal of this federal legislation was to make it easier for people to maintain basic health insurance benefits and help the health care industry control administrative costs. One portion of this act contains rules for protecting the privacy of your health information. Triangle Pediatrics has always been committed to protecting your privacy, and we would like to share these policies with you.

The HIPAA regulation puts down in words your rights for Triangle Pediatrics to use and disclose your health information for treatment, payment, and certain health care operations without specific authorization from you. We will offer you a copy of our notice the first time you are seen at Triangle Pediatrics. This notice lists all the different ways that we might use or disclose your health information and provides you with information to control that information.

What is a Notice of Privacy Practices?

This notice is very similar to ones you have received in the recent years from your financial institutions.

This Notice is required by Federal Law and it describes how your medical information may be used and disclosed and how you can get access to this information.

Triangle Pediatrics respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Our Notice of Privacy Practices is located in office and [can be found here on our site.](#)

What is a Notice of Privacy Practices Acknowledgement form?

This form acknowledges that you have received our Notice of Privacy Practices.

It is required to be signed & placed into each child's/patient's chart.

Triangle Pediatrics respects your right and we will continue to do our best to protect your privacy and the privacy of your health information. If you have questions relating to the protection of your health information or Triangle Pediatrics privacy practices, please email [our office manager](#), or at 919-467-5543.

next link

NOTICE OF PRIVACY PRACTICES

OF
TRIANGLE PEDIATRIC CENTER, PA

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.

If you have any questions or requests, please [contact us](#)

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A. INTRODUCTION.

In enacting HIPAA (Health Insurance Portability and Accountability Act of 1996), Congress, for the first time, mandated the establishment of Federal standards for the privacy of Individually Identifiable Health Information (IIHI). The forces behind this legislation had been related to needing to standardize and safeguard electronic data transmission of IIHI, and to some flagrant violations of privacy by entities such as Health Insurers who are not bound by a doctrine of confidentiality as we are. Our practice always has, and always will continue to treat your IIHI as strictly confidential. HIPAA regulations regarding privacy will have little effect on our daily activities, as we have always been in compliance with the spirit of this legislation. The major changes you will see involve this document. It will tell you what our duties are in protecting your IIHI (Section B); how we will use and how we may disclose your IIHI (Section C); what your rights are regarding your IIHI (Section D); how you can contact us about your IIHI (Section E); and the effective date of this document (Section F).

B. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We are required to protect the privacy of health information about you and that can be identified with you. This is called "protected health information," or "PHI" for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- § We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- § We must notify you about how we protect PHI about you.
- § We must explain how, when and why we use or disclose PHI about you.
- § We may only use or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures that occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- § Posting the revised notice in our office;
- § Making copies of the revised notice available upon request (either at our office or through the contact person listed in this Notice); and
- § Posting the revised notice on our website, www.tripeds.com.

C. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

1. WE MAY USE AND DISCLOSE PHI ABOUT YOU TO PROVIDE HEALTH CARE TREATMENT TO YOU.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you

when referring you to another health care provider.

EXAMPLE: A doctor treating you for a broken leg may need to know if you have asthma because asthma can effect the type of anesthetic used. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Departments of the hospital may also need to share your PHI in order to coordinate different services you may need, such as prescriptions, lab work and x-rays. We may also disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

EXAMPLE: We may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know why we are referring you, what we have found when we examined you, what treatments we have tried and what lab tests we have already done. Similarly, we may share PHI about you with a pharmacy when calling in a prescription.

2. WE MAY USE AND DISCLOSE PHI ABOUT YOU TO OBTAIN PAYMENT FOR SERVICES.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan. Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- § Billing departments;
- § Collection departments or agencies;
- § Insurance companies, health plans and their agents which provide you coverage;
- § Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- § Consumer reporting agencies (e.g., credit bureaus).

EXAMPLE: Let's say you have a broken leg. We may need to give your health plan information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed. If you were hospitalized, we may also send the same information to our hospital department that reviews our care of your illness or injury.

3. WE MAY USE AND DISCLOSE YOUR PHI FOR HEALTH CARE OPERATIONS.

We may use and disclose PHI in performing business activities, which are called "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for "health care operations" include the following:

- § Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- § Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- § Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include government agencies or accrediting bodies such as CLIA, which inspects and certifies our office lab.
- § Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field such as Lactation Counselor.
- § Assisting various people who review our activities. For example, PHI may be seen by accountants, lawyers, and others who assist us in complying with applicable laws.
- § Complying with your Health Plan's requirements for Quality Improvement initiatives, or in resolving grievance that you or we may have with your Health Plan.
- § Complying with this Notice and with applicable laws.

4. WE MAY USE AND DISCLOSE PHI UNDER OTHER SPECIAL CIRCUMSTANCES WITHOUT YOUR AUTHORIZATION.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- § When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- § When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a

disease or condition.

§ When the disclosure relates to victims of abuse, neglect or domestic violence.

§ When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.

§ When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.

§ When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.

§ When the use and/or disclosure relates to your death. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.

§ When the use and/or disclosure relates to cadaveric organ, eye or tissue donation purposes.

§ When the use and/or disclosure relates to medical research. We may disclose PHI about you for medical research, but only after an Institutional Review Board has determined that there is no risk to you and that no consent is needed.

§ When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.

5. YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES.

Unless you object, we may use or disclose PHI about you in the following circumstances:

§ We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.

§ We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

6. WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

7. FOR PARENTS: SPECIAL CONSIDERATIONS RELATED TO PEDIATRIC PRACTICES.

§ Divorced or Separated Parents. Unless there is a court order to the contrary, each parent has equal access to PHI about their child.

§ By Law, a minor does NOT need parental permission to consent to treatment for:

- a. Prevention, diagnosis, and treatment of communicable diseases that are required to be reported to NC authorities. These include sexually transmitted diseases.
- b. Pregnancy (not including abortion or sterilization)
- c. Emotional disturbances
- d. Alcohol abuse
- e. Drug abuse

When a minor consents to treatment for these conditions, any PHI relating to this is Confidential, as if the minor were an adult for this purpose. All the rules regarding PHI and its release that are outlined in this notice apply. This means that this PHI is NOT allowed to be released to parents without the written authorization of the minor.

§ Unless you object, if a teenaged minor (typically a 16 year old who can drive alone) comes to our office alone, and asks to be treated, we will proceed with treatment. Any PHI that results from this visit will be treated the same as PHI that results from a visit at which you are present. This means that we will proceed to do a medical history, perform an appropriate examination and treat the minor as if you were present. We will order tests as appropriate, and provide recommended immunizations if the minor consents to this.

§ Unless you object, if someone that you have entrusted with the care of your minor child, such as grandparents, nannies or babysitters, teenaged children, or other adult relatives, brings the child to the office and asks for the child to be treated, we will proceed with treatment. Any PHI that results from this visit will be treated the same as PHI that

results from a visit at which you are present. This means that we will proceed to do a medical history, perform an appropriate examination and treat the child as if you were present. We will order tests as appropriate, and provide recommended immunizations if the caretaker consents to this. This also means that the caretaker will have access to PHI that results from this visit, and have access to any other PHI that we may need to use to appropriately care for your child.

**** ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

D. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF PHI ABOUT YOU.

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice.

2. YOU HAVE THE RIGHT TO REQUEST DIFFERENT WAYS TO COMMUNICATE WITH YOU.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

3. YOU HAVE THE RIGHT TO SEE AND COPY PHI ABOUT YOU.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

4. YOU HAVE THE RIGHT TO REQUEST AMENDMENT OF PHI ABOUT YOU.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

5. YOU HAVE THE RIGHT TO A LISTING OF DISCLOSURES WE HAVE MADE.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures EXCEPT the following:

- § For your treatment
- § For billing and collection of payment for your treatment
- § For our health care operations
- § Made to or requested by you, or that you authorized
- § Occurring as a byproduct of permitted uses and disclosures
- § Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B.5 above
- § Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and

§ As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

6. YOU HAVE THE RIGHT TO A COPY OF THIS NOTICE.

You have the right to request a paper copy of this Notice. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

7. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the person listed below. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. CONTACT INFORMATION:

Office Manager
Triangle Pediatric Center, PA
101 SW Cary Parkway
Suite 270
Cary, NC 27511
Tel: (919) 467-5543
Fax: (919) 469-2391
officemgr@tripeds.com
www.tripeds.com

F. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on April 14, 2003