

CHILDREN’S UROLOGY OF THE CAROLINAS

NOTICE OF PRIVACY PRACTICES

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

Who Will Follow This Notice

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by healthcare providers you consult with (when your regular healthcare provider from our office is not available) who provide “coverage” for your healthcare provider.

Understanding Your Health Record/Information

Each time your child visits a hospital, physician, or other healthcare provider, a record of their visit is made. Typically, this record contains their symptoms, demographic and insurance information, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your child’s health or medical record serves as a:

- Basis for planning your child’s care and treatment
- Means of communication among the many health professionals who contribute to your child’s care
- Legal document describing the care your child received
- Means by which you or a third-party payer can verify that services billed were actually provided

Understanding what is in your child’s record and how their health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your child’s health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your child’s information.
- Obtain a paper copy of the notice of information practices upon request

- Inspect and obtain a copy of your child’s health record. This does not apply to (i) psychotherapy notes, (ii) protected health information compiled in anticipation of or for use in a civil, criminal, or administrative proceeding, and (iii) certain types of protected health information maintained by the covered entity that are subject to or exempt from the Clinical Laboratory Improvement Act of 1988.
- Amend your child’s health record. This request may be denied if health information was not created by our organization or if physician feels information is accurate and complete.
- Obtain an accounting of disclosures of your child’s health information.
- Request communications of your child’s health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Any of the above requests must be submitted to the healthcare provider in writing. Following your request for access to protected health information, our organization has 30 days to respond, if such information is accessible onsite. If such information is offsite, then we have 60 days to respond. We may charge a fee for the costs of retrieving, copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. Request for amendment to your child’s records could take up to 60 days. Denials for an amendment to record or request to inspect will be submitted to you in writing with an explanation for basis of denial.

Our Responsibilities

This organization is required to:

- Maintain the privacy of your child’s health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you or your child
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Notify you in the event of a data breach
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will upload a new version to our website. We may provide you with a new copy of the privacy practices for you to review at your next visit. We will not use or disclose your child’s health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the office manager at 704-376-5636. If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

- We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other members of your child's healthcare team will be recorded in their record and used to determine the course of treatment that should work best for your child. Your child's physician will document in the record his or her expectations of the members of your child's healthcare team. Members of the healthcare team will then record the actions they took and their observations. In that way, the physician will know how your child is responding to the treatment. We will also provide your child's physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating your child once they are released from our care. Different personnel in our office may share information about your child and disclose information to people who do not work in our office in order to coordinate their care, such as phoning in prescriptions to the pharmacy, scheduling lab work and ordering x-rays. Family member and other healthcare providers may be part of your child's medical care outside this office and may require information about your child that we have.

- We will use your health information for payment.

For example: A bill may be sent to you, an insurance company, or a third-party payor. The information on or accompanying the bill may include information that identifies your child, as well as the diagnosis, procedures and supplies used. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval, or to determine whether your child's plan will cover the treatment.

- We will use your health information for regular healthcare operations.

For example: Members of the medical staff may use information in your child's health record to assess the care and outcomes in this case and others like it. We may use your health information to evaluate the performance of our staff in caring for your child. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Other Permitted or Required Uses and Disclosures

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a billing service. When these services are contracted, we may disclose your child's health information to our business associate(s) so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your child's health information, however, we require the business associate to appropriately safeguard your child's information.

Communication with family: We may disclose health information to your family members, guardians or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family, guardians and friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your child's personal health information to anyone you bring with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may determine that a disclosure to a family member or friend is in the child's best interest. In that situation, we will disclose only health information relevant to the person's involvement in your child's care. We may also use our professional judgment and experience to make reasonable inferences that is in your child's best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

Health Information Exchanges: An electronic Health Information Exchange (HIE) is an electronic platform where doctors, nurses, pharmacists and other health care providers can securely access and share patient's health information, even if they are not part of the same hospital system. HIEs allow for providers to access and report data timely to improve the speed and quality of patient care. You do have the right to limit or exclude your child's information from being transmitted to an HIE by opting out at any time. For information on how to opt out please contact management at 704-376-5636.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your child's health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we may have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Marketing: We may use the demographic information provided to send automated marketing materials to your phone(s), address, email address, or other means of contact. You do have the option to opt out of any marketing materials at any time by replying to the automated message,

contacting the office or by informing the front desk at an appointment which types of messages you would like to refrain from receiving.

Notification: We may use or disclose information to notify you or assist in notifying a family member, personal representative, or another person responsible for your child's care, location and general condition. We may contact you at a phone number, mailing address, email address or other means of contact you or another provider have given to our office. We reserve the right to leave voicemails, send text messages, send emails or verbally speak to you or another member of your household to remind you of an appointment, to obtain feedback on your experience, discuss your account/billing, or to provide you with other information. Text messaging and other electronic communication may not be secure and could be viewed by third-parties. You do have the right to change your contact information or specify which means of contact you prefer or want to restrict at any time by replying to a message, contacting the office or informing the front desk at an appointment.

Public Health: As required by law, we may disclose your child's health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

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