

Legal

VICKERY PEDIATRICS, LLC

NOTICE OF PRIVACY PRACTICES

Effective SEPTEMBER 27, 2005

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The VICKERY PEDIATRICS, LLC culture is based on an unwavering belief in integrity and fair dealing. We take pride in treating our customers and each other with dignity and respect. Protecting your personal health information is very important to us. We want you to have a clear understanding of how we use and safeguard your protected health information.

This Notice of Privacy Practices describes how VICKERY PEDIATRICS, LLC may use and disclose your protected health information (PHI) in order to carry out treatment, payment, and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

VICKERY PEDIATRICS, LLC is required to abide by the terms of this Notice. However, we may modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised Notice or you can review the Notices by accessing our web site at www.vickeryped.com.

USES AND DISCLOSURES OF HEALTH INFORMATION

VICKERY PEDIATRICS, LLC uses PHI about you for treatment, payment, and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for research studies, and for emergencies.

Treatment. VICKERY PEDIATRICS, LLC may use and disclose your PHI to assist your health plan in your diagnosis and treatment. For example, we may disclose your PHI to the health plan to provide information about alternative treatments.

Payment. VICKERY PEDIATRICS, LLC may use and disclose your PHI in order to pay for the services and times you may receive. For example, we may contract your health plan or your health plan may contact us to certify that you receive treatment (and for what range of benefits), and we may release details regarding your treatment to determine if your benefits will cover, or

pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family member.

Health Care Operations. VICKERY PEDIATRICS, LLC may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

In addition to the above mentioned uses of your PHI related to treatment, payment, and healthcare operations, VICKERY PEDIATRICS, LLC may also use your PHI for the following purposes:

Plan Sponsors. We may use or disclose PHI to the plan sponsor (usually your employer) of a group health plan.

Appointment Reminders. We have the right to use and disclose your PHI to contact you and remind you of appointments.

Release of Information to Family and Friends. VICKERY PEDIATRICS, LLC may release your PHI to a friend or family member identified by you, that is helping you pay for your health care, or who assists in taking care of you.

Disclosure Required by Law. VICKERY PEDIATRICS, LLC will use and disclose your PHI when we are required to do so by federal, state, or local law.

In addition to the above described uses and disclosures of your PHI, your PHI may be used under the following unique circumstances.

Public Health Risks. VICKERY PEDIATRICS, LLC may give your PHI to public health authorities that are authorized by law to collect information for the purpose of :

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury, or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individual if a product or device they may be using has been recalled;
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); **however**, we will only disclose this information if the insured agrees or we are required or authorized by law to disclose this information; and
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensures, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe might have resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons court order, subpoena, or similar legal process;
- To identify and/or locate a suspect, material witness, fugitive, or missing person; and
- In an emergency, to report a crime (including the location or victim (s) of the crime, or the description, identity, or location of the perpetrator).

Serious Threats to Health or Safety. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. We may use and disclose your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security. We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosures for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. We may release your PHI for workers' compensation and similar programs.

YOUR RIGHTS

The Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records and billing records, but not including psychotherapy notes. If you request copies, we will charge you a fee for the costs of copying, mailing, labor, and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances, we may deny your request to inspect and copy your PHI. If you are denied access to medical information, you have a right to have that determination reviewed. A licensed health care professional chosen by VICKERY PEDIATRICS, LLC will review your request and denial. The person conducting the review will not be the person who denied your request. VICKERY PEDIATRICS, LLC promises to comply with the outcome of the review.

The Right to Amend Your PHI. If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by VICKERY PEDIATRICS, LLC. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request.

VICKERY PEDIATRICS, LLC reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by VICKERY PEDIATRICS, LLC, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for VICKERY PEDIATRICS, LLC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

The Right to an Accounting of Disclosures. An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment, and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes.

Your request must be made in writing and state a time period that cannot be longer than six years and cannot include any dates before 2010. Your request should indicate in what form you want the list (e.g., paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations. You have the right to request that VICKERY PEDIATRICS, LLC communicate with

you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or an alternative location must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations as described in this notice. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend), or for notification purposes as described in this notice.

VICKERY PEDIATRICS, LLC is not required to agree to your request; however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

Any request for a restriction on our use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit VICKERY PEDIATRICS, LLC use, disclosure, or both; and (c) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to use regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstance.

- We have taken action in reliance upon your authorization before we received your written revocation;
- You were required to give us your authorization as a condition of obtaining coverage; or
- If state law gives us the right to contest a claim under your policy.

The Right to Obtain a Paper Copy of This Notice. Upon request, you have a right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

How to Contact Us

If you have any complaints or questions about this Notice or you want to submit a written request to VICKERY PEDIATRICS, LLC as required in any of the previous sections of this Notice, please call 678-990-2501, or write to us at the address below:

Attention:
Practice Manager

Address:

*VICKERY PEDIATRICS LLC
410 Peachtree Parkway, Building 400, Suite 4260
Cumming, GA 30041*

[1] PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you, or to payment for health care.