

Carolina Kids Pediatric Associates

Notice of Privacy Practices

Effective September 23, 2013, updated August 6, 2025

This notice describes how medical information about you may be used and disclosed, and how you may have access to this information. Please review it carefully.

Protected Health Information (PHI)

“Protected health information” is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI to provide treatment, coordinate care with other providers, bill for services, or support the business operations of Carolina Kids. This includes:

- **Treatment:** Sharing information with other healthcare providers involved in your care.
- **Payment:** Using PHI to verify eligibility, submit claims, and collect payments.
- **Healthcare Operations:** Activities such as quality assessment, auditing, legal services, fraud prevention, and staff training.

Appointment Reminders and Health-Related Communications:

We may use PHI to contact you with appointment reminders or information about treatment options and alternatives.

Organized Health Care Arrangements (OHCA):

We participate in an OHCA with both the UNC Health Alliance and Community Care Provider Network (CCPN). Providers and may share PHI with them for treatment or healthcare operations.

Health Information Exchanges (HIEs):

We participate in *NC HealthConnex* and *Care Quality*. These exchanges allow your medical information to be shared electronically with other healthcare providers for better coordination of care. Your doctors can access information about treatment you received elsewhere, and other providers treating you can access information about your care at Carolina Kids. You may opt out of sharing your information with other providers through these HIEs. Please contact the office HIPAA representative for additional information on opting out.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. We may disclose information when required by a court order or subpoena.

Other Required or Permitted Disclosures:

We may use or disclose PHI without your authorization in certain circumstances, including for public health activities (e.g., reporting diseases or safety issues), reporting abuse, neglect, or domestic violence, health oversight activities (e.g., audits or investigations), judicial and administrative proceedings, law enforcement purposes, research under strict conditions, and to prevent a serious threat to health or safety.

Transition to Adult Rights:

When a patient reaches the age of 18 (or the age of majority under state law), they gain full legal rights to their medical information. Parents or guardians will no longer automatically have access to the patient’s health information unless the patient provides written authorization. Some exceptions may exist under state law for certain types of care. Adult patients may exercise all rights described in this notice.

Marketing and Fundraising:

We do not use your PHI for marketing purposes or for fundraising.

Your Rights Regarding Your PHI

All requests regarding your PHI must be submitted in writing.

- **Right to Request Restrictions:** Ask us not to use or disclose PHI for treatment, payment, or healthcare operations, or to family/friends involved in your care. Your provider is not required to agree.
- **Right to Inspect and Copy:** You may request to inspect and receive copies of PHI used to make medical decisions about you. A reasonable fee may apply.
- **Right to Amend:** You may request corrections to your PHI. Requests must include a reason and may be denied for specific reasons.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures made for purposes other than treatment, payment, or operations for up to six years.
- **Right to Request Confidential Communications:** You may request that we communicate with you by alternative means or at an alternative location.
- **Right to Notification of Breaches:** You will be notified if your unsecured PHI is breached.
- **Right to Request Restrictions on Health Plan Disclosures:** You may request restrictions when you have paid out-of-pocket in full for a service.

All Other Uses and Disclosures. All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization. You may revoke your permission in writing at any time.

Your Right to a Copy of This Notice: You have the right to request a paper copy of this notice.

Changes: We reserve the right to change the terms of this notice at any time and to apply the revised notice to all individually identifiable health information that it maintains.

Complaints: If you believe your privacy rights have been violated, you may file a complaint to us or to the Secretary of the Department of Health and Human Services. All complaints must be in writing. **You will not be penalized for filing a complaint.** To file a complaint with the office, please contact the privacy officer at Carolina Kids Pediatric Associates, 2605 Blue Ridge Rd. Suite 100, Raleigh, NC 27607.

Our privacy officer is: Rebecca Eakes, Practice Administrator

Contact information: (919) 881-9009