

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: April 14, 2003

Our Pledge Regarding Your Child's Privacy:

We understand that medical information about your child and their health is personal. We are committed to protecting the confidentiality and privacy of your child's protected health information. We are required to abide by the terms of the notice currently in effect and when changes are made, a new Notice of Privacy Practice will be distributed.

How We Will Use or Disclose Your Child's Health Information:

Carolina Pediatric Dysphagia uses your child's protected health information for treatment, obtaining payment for treatment and conducting its healthcare operations. For example, Carolina Pediatric Dysphagia will use your child's medical information to perform requested consults or treatment services and provide your child's referring physicians with a report of our findings. We may share your child's protected health information (PHI) with your insurance company, our billing department and collection agencies. We will only use or disclose your child's private health information in accordance with applicable state and federal laws. Carolina Pediatric Dysphagia may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits.

Carolina Pediatric Dysphagia may use or disclose your child's protected health information without authorization for auditing purposes, public health purposes, and for emergency situations. For any other situation, Carolina Pediatric Dysphagia's policy is to obtain your written authorization before disclosing your protected health information. Once authorization is obtained, you may later revoke that authorization to stop any future disclosure.

Patient's Individual Rights:

You have the right to request to receive, inspect, amend and request restrictions on certain uses and disclosures of protected health information (PHI). You also have the right to request in writing, an accounting of disclosures of your child's protected health information for reasons other than treatment, payment, or other healthcare operations.

You also may request in writing that Carolina Pediatric Dysphagia not use or disclose your child's protected health information for treatment, payment and administrative purposes when required by law or in an emergency situation. Carolina Pediatric Dysphagia will review the request on an individual basis, but we are not legally required to accept it.

For More Information or to Report a Problem:

If you believe that Carolina Pediatric Dysphagia may have violated your child's privacy rights, you may file a complaint with us. These complaints must be filed in writing on a form provided by our practice. You may also file a written complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint. For further information, you may contact our Privacy Officer at (919) 877-9800, ext. 111.

I acknowledge receipt of Carolina Pediatric Dysphagia's Notice of Private Practices.

Print Child's Name

Guardian's Signature

Date