



THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED.

PLEASE REVIEW IT CAREFULLY.

I. Our Commitment To You

Cobb Pediatrics is committed to maintaining the privacy of your health information. During your treatment with us, we may collect information about your health history and your current health status. This Notice explains how that information, called “Protected Health Information”, may be used and/or disclosed to others. The terms of this Notice apply to all health information produced or obtained by Cobb Pediatrics.

II. Our Legal Duties

The U.S. HIPAA Privacy Rule requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information, and your rights in regards to health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your protected health information. Other companies or persons that perform services on our behalf (our Business Associates) must also protect the privacy of your information. Business Associates are prohibited from releasing your health information to anyone else, unless specifically permitted by law. There may be other state and federal laws that we will follow that provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

III. Your Health Information May Be Used And Disclosed

Cobb Pediatrics is permitted by the HIPAA Privacy Rule to make uses and disclosures of your health information for purposes of treatment, payment and health care operations.

- **Treatment:** We will use and may share health information about you for your health care and treatments. For example, a nurse or medical assistant will obtain treatment information about you and record it in a medical record. Alternatively, one of our physicians may use information about you for a consultation with or a referral to another physician to diagnose your illness and determine which treatment option, such as surgery or medication, will best address your health needs.
- **Payment:** We may use and disclose health information about you to obtain payment for the care and services that we have provided to you. For example, we may need to provide your health plan provider with information about you, your diagnosis, and treatment so that your health insurer will pay us or reimburse you for the treatment. We may also contact your health insurance to obtain prior approval about a potential treatment.
- **Appointment Reminders:** We may use your health information to contact you by phone, text, mail, or email to confirm an appointment, to change an appointment, to send you reminders of a future appointment, or to let you know that you are due for a follow-up appointment or regular check-up.
- **Health-Related Benefits, Services and Treatment Alternatives:** We may also contact you by phone, text, mail, or email with newsletters, announcements, service offerings, or about new or alternative treatments or other health care services.
- **As Required by Law:** We must disclose health information about you without authorization if required by federal, state, or local law.
- **Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to avert a serious threat to your health and safety, or the health and safety of the public or another person.



IV. Special Situations In Which Your Health Information May Be Released

- **Public Health Risks:** As authorized by law, we may disclose health information about you to public health or legal authorities whose official responsibilities generally include the following: to prevent or control disease, injury or disability; to report births and deaths, to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Organ and Tissue Donation:** When authorized, we may release your health information to organ procurement organizations or others engaged in the transplantation of organs to enable a possible transplant when applicable.
- **Specialized Government Functions:** If you are a member of the military or a veteran, we will disclose health information about you as required by command authorities; or if you give us your written permission. We may also disclose your health information for other specialized government functions such as national security or intelligence activities when required by law.
- **Health Oversight Activities:** We must disclose health information to a health oversight agency for activities that are required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits. Most states require that identifying information about you, such as your social security number, be removed from information releases for health oversight purposes, unless you have provided written permission for the disclosure.

Lawsuits and Disputes: If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose health information about you in response to a court order or subpoena or other lawful process.

- **Law Enforcement:** We may disclose your health information to a law enforcement official if required or allowed by law, such as for gunshot wounds or burns. We may also disclose information about you to law enforcement that is not a part of your health record for the following reasons: to identify or locate a suspect, fugitive, material witness, victim of a crime, or missing person; about a death we believe may be the result of criminal conduct; about criminal conduct at our location; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official only as required by law or with your written permission.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose certain health information about you to a coroner or medical examiner in the case of certain types of death. This may be necessary, for example, to make a positive identification of you or to determine the cause of your death. We may also release the fact of death and certain demographic information about you to funeral directors as needed to carry out their duties. Other releases of your health information will require the written permission of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.
- **Required by HIPAA Law:** The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your health information is requested as part of an investigation, we must share your information with the HHS.



V. Situations In Which Your Health Information May Be Disclosed With Your Written Consent

For any purpose other than the ones described above, we may only use or share your health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your health information to your life insurance company. You may revoke an authorization at any time.

- **Highly Confidential Information:** Federal and state law requires special privacy protections for certain “Highly Confidential Information” about you, including any part of your health information that is about: 1) child abuse and neglect; 2) domestic abuse of an adult with a disability; 3) mental illness or developmental disability treatment or services; 4) alcohol or drug dependency diagnosis, treatment, or referral; 5) HIV/AIDS testing, diagnosis, or treatment; 6) sexually transmitted disease; 7) sexual assault; 8) genetic testing; 9) In Vitro Fertilization (IVF); or 10) psychotherapy notes. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

VI. Your Rights Regarding Health Information We Maintain About You

- **Right to Inspect and Copy:** You have the right to inspect and/or to receive a complete copy of your health information. Your request must state that you want access to your health information and must be signed by you or your parent or legal guardian. A fee will be charged for copying and postage not to exceed the amount allowed by Georgia statute. We may deny your request to inspect and/or copy your information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by COBB PEDIATRICS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Request Amendment:** If you believe that any health information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Cobb Pediatrics. We are not obligated to make all requested amendments and may deny your request if you ask us to amend information that: Was not created by us, unless the person or location that created the information is no longer available to make the amendment; Is not part of the health information kept by or for us; Is not part of the information that you would be permitted to inspect and copy; or, Is determined to be accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your health information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse. You or your parent or legal guardian must sign it. We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.
- **Right to an Accounting of Disclosures:** You have the right to receive an “accounting of disclosures” made by us of health information about you, as required by law. This accounting will not include any disclosures for treatment, payment, or health care operations; disclosures that you have authorized or



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that have been made to you; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures. Your request must state a time-period for which you would like the accounting, up to six years from the date of the request. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health issues by alternative means or at an alternative location. For example, you may request that messages not be left on voice mail or sent to a particular address. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how confidential payments will be managed. We are required to accommodate all reasonable requests.

All requests must be submitted in writing:

Cobb Pediatrics, Medical Records, 3405 Dallas Hwy SW, Bldg. #300, Marietta, GA 30064

VII. To File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint with us at Cobb Pediatrics, Attn: Medical Records, 3405 Dallas Hwy SW, Bldg. #300, Marietta, GA 30064. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. *There will be no retaliation for filing a complaint.* We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from us.

VIII. Changes to this Notice:

Cobb Pediatrics reserves the right to amend, change, or eliminate terms of this Notice at any time. If we change this Notice, we may make the new Notice's terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "HIPAA Policies" or by visiting our reception desk and picking up a copy, or downloading one from our web site at www.cobbpeds.com.

Effective Date: This Notice is effective as of June 4, 2015.