



NOTICE OF PRIVACY PRACTICES

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

PURPOSE

This notice of Privacy Practices describes how we may use and disclose you/your child's Protected Health Information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes permitted or required by law. "Protected Health Information" is information that may identify you/your child and that relates to your past, present, or future health, and may include you/your child's name, address, phone numbers and other identifying information.

We are required to give you this notice and to maintain the privacy of you/your child's PHI because of the privacy regulations of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Pediatric Learning Center, Inc. will obey the rules of this notice as long as it is in effect, and if we make any changes, the rules of the new notice will also apply to all the PHI we keep. If we change this notice, we will post the new notice in our office. Because this law and the laws of this state are very complicated, we have simplified some parts. If you have any questions or want to know more about anything in this notice, please ask our Privacy Officer to contact you.

We understand that medical information about your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at Pediatric Learning Center, Inc. We need this record to provide services to you and comply with certain legal requirements. This notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have to use and disclose your health information.

If you believe your Privacy Rights have been violated, you may complain to us or to the U.S. Secretary of Health and Human Services.

If you have questions or need more information, contact our Privacy Officer at 901-290-8558.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the Pediatric Learning Center's healthcare professionals, employees, volunteers, and others who work at Pediatric Learning Center, Inc.

ACKNOWLEDGEMENT

You will be asked to sign an Acknowledgement of receipt of this notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this acknowledgement.

YOUR PRIVACY RIGHTS:

You have the following rights related to your Protected Health Information, and you may:

- Obtain a current paper copy of this notice. If we change this notice, we will post it on our website, provide a link to the website in our monthly newsletter, and post it in the waiting room of our office space.



- Request to inspect or obtain a copy of your records. Your request to obtain a copy of your medical records must be in writing. You may be charged a fee for the cost of copying, mailing, or other supplies. We are allowed to deny this request under certain circumstances. For example, under federal and state law, you may be denied access to inspect or copy Pediatric Learning Center, Inc. notes.
- Obtain a record of certain disclosures of your Protected Health Information.

We will obtain your written permission for uses and disclosures of your Protected Health Information that are not covered by the notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must also be in writing.

OUR RESPONSIBILITIES

We are required to protect the privacy of your PHI, abide by the terms of the notice, and make the notice available to you if we are unable to agree to a requested restriction or an alternative means of communicating.

EXAMPLES OF USES AND DISCLOSURES

We will use your PHI for treatment. We use your medical information to provide you with treatment of services. These might include evaluation and testing, therapy progress notes, and treatment planning.

We may share or disclose your PHI to others who provide treatment to you, such as your personal physician. We may also consult with other professionals or consultants.

We will use your PHI for payment. Under some circumstances, we may provide information about your diagnosis, treatments, progress, and duration of treatment plan to an insurance company or other third-party payer.

We will use your PHI for regular healthcare operations. The providers may use your PHI to check on the care you received, how your child responded to it, and for other business purposes related to the operating of the clinic.

Business Associates: We may share some of your PHI with outside people or companies who provide services for us, such as record keeping.

As required by law: we must disclose your PHI when required by federal, state, or local law, including law enforcement for public health, abuse and/or neglect, and other legal proceedings.

Required uses and disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.

To avoid harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or safety and/or the health or safety of the public or another person.

As noted, if you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer at 901-290-8558.

Effective Date of This Notice: December 7, 2022