

GASTRO HEALTH FOR KIDS NOTICE OF PRIVACY ACTS

How medical information of your child may be used or disclosed

The following categories describe different ways that we use and disclose medical information. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the parent or legal guardian.

For Payment. We may use and disclose medical information about your child so that the treatment and services your child receives at our practice may be billed to and payment may be collected from you, an insurance company or a third party. For example: we may disclose your child's record to an insurance company, so that we can get paid for treating him or her.

For Treatment. We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of your child at our practice, the hospital, or to refer to another medical practice. For example, we may disclose medical information about your child to people outside Gastro Health for kids who may be involved in your child's medical care, such as family members, clergy or other persons that are part of your child's care.

For Health Care Operations. We may use and disclose medical information about your child for health care operations. These uses and disclosures are necessary to run Gastro Health for Kids and ensure that all our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other Practice personnel for review and learning purposes. For example, we may review your child's record to assist our quality improvement efforts.

Law enforcement: We may disclose medical information about you to law enforcement agencies or public health agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting and/or public health reporting.

Marketing: We may disclose your medical information (name and/or address) for marketing activities, to provide you with information about services available at our practice. You may opt out by providing your written request to the Practice's Compliance Officer at any time, in which you will no longer be contacted in reference to marketing activities.

Fundraising Activities: We may use your medical information to contact you about our efforts to support fundraising. You may opt out by providing your written request to the Practice's Compliance Officer at any time, in which you will no longer be contacted in reference to fundraising support.

Appointments and Collections: We or our Business Associates may use your medical information to send you appointment reminders or in efforts to collect balances on your account. Methods of communication may include, but not be limited to, messages via email/phone/texts, pre-recorded, artificial voice messages, or automatic dialing devices.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you decide against such authorization you may submit a revocation of the authorization to the Practices' compliance officer. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your written authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may NOT sell your protected health information without your authorization. We may NOT use or disclose MOST psychotherapy notes contained in your protected health information. We will NOT use or disclose any of your protected health information that contains genetic information that will be used for underwriting.

NOTICE OF INDIVIDUAL RIGHTS:

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have a right to inspect and receive a copy of your medical record. If your request is denied you may request that the denial be reviewed, and that decision will be final. You may be charged a fee for the costs associated with copying, mailing, or other supplies associated with the request. If all or any portion of your health information is in an electronic format, you may request an electronic copy.

Right to Amend: If you feel that the medical information about you in your record is incorrect or incomplete, you may ask us to amend it. To request an amendment, your request must be made in writing and submitted to the Practice's Compliance Officer. If your request is denied, you may submit in writing a statement of disagreement and ask that it be included in your medical record. However, requesting an amendment does not require us to agree to your request.

Right to an Accounting of Disclosures: You have a right to request a list of certain disclosures that we have made regarding your medical information. Submit your request in writing to the Practice's Compliance Officer.

Right to Request Restrictions: You have a right to request a restriction or limitation on the medical information we use or disclose about you, except where disclosure of the information is required by law. To request restrictions, you must make

your request in writing to the Practice's Compliance Officer. We are not required to agree to your request. If we do agree, we will comply with your request except where the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have a right to request that we communicate with you about medical matters in a certain way and at a certain location. To request confidential communications, make your request at the time of registration or during your visit.

Right to this Notice: You have a right to a paper copy and may request it at the time of service or by contacting the Practice's Compliance Officer.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We will always have a current copy of this notice posted. All notices will contain the effective date in the top right corner. If changes to this notice occur, a copy will be available upon your request. An updated copy will NOT be provided to you automatically as it is not required by law.

INVESTIGATION OF A BREACH:

If we determine that the disclosure of your medical information constitutes a breach of federal privacy or security regulations governing unsecured protected health information, we will (1) Provide you with a notice of the breach (2) Advise you of what we plan to do to mitigate the damage (if any) caused by the breach and (3) Advise on steps you should take to protect yourself from potential harm resulting from the breach.

OUR OBLIGATION TO YOU:

- To make sure that medical information that identifies you is kept private.
- To notify you regarding our legal duties and privacy practices at the Practice as well as your legal rights
- To abide by these terms of notice as well as provide you with a copy of this "Notice of Privacy Practice"

QUESTIONS OR COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Practice, please contact Ritu Walia, Compliance Officer, Gainesville GA 30501. All complaints MUST be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice or would like to receive a more detailed explanation of any part of this notice, please contact Ritu Walia, MD.