



White's Pediatrics 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.

We understand the confidential nature of the information you provide to White's Pediatrics. This form is provided to help you understand how White's Pediatrics may use and disclose certain information you provide us, and what rights you have concerning that information. We are required by law to provide you with this notice, and to abide by the terms of this notice concerning you/your child's protected health information (PHI).

What Information is Protected?

Information protected by this privacy policy includes information that White's Pediatrics receives or creates that identifies your child as our patient and concerns:

1. Your child's past, present or future medical health or condition
2. Medical care that is provided to your child
3. The past, present or future payment for medical care provided to your child

How May We Use or Disclose Protected Information?

White's Pediatrics may use or disclose your protected information to provide treatment, obtain payment for your treatment, or perform health care operations. Some examples are:

Treatment. We may communicate with other health care providers, including doctors, nurses or pharmacists, to provide health care to you and manage your health care.

Payment. We may use or disclose your protected information to determine the amount of your co-payment responsibility and to obtain payment for your treatment from your insurer or other responsible party.

Health Care Operations. Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may hire third parties to help us with these matters. We may disclose your protected information to these third parties so they can perform the services we request. We require these third parties to agree that they will use your protected information only to

provide the services we have requested.

White's Pediatrics may use or disclose your PHI for other reasons. Examples are listed below. The examples are for illustration only and are not intended to be all-inclusive.

Communications with You. We may use your protected information to contact you (to provide appointment reminders, or treatment advice and instructions, or other health-related information that may be beneficial to you).

Health Oversight Agencies. We may disclose your protected information to agencies authorized by law to perform audits, investigations, inspections or other activities for the oversight of the health care system, government benefit programs, government regulatory programs or civil rights laws.

Individuals Involved in Your Care. We may disclose your protected information to family members that are involved in your health care. For example, if a family member or friend is present with you when we provide treatment to your child or discuss your child's treatment with you, we may use our professional judgment in disclosing your protected information to that person.

Public Health Purposes. We may disclose your protected information to authorities to prevent or control the spread of disease, to report abuse or neglect, to report adverse events or to enable product recalls.

As Required By Law. We may disclose your protected information as may be required to report victims of abuse or neglect, in response to requests from law enforcement, or in response to court order, administrative order, subpoena, warrant, or other lawful process.

Health Information Exchange. We may make your medical information available electronically through state, regional or national information exchange services which help make your medical information available to other healthcare providers who may need access to it in order to provide care or treatment to you. Participation in health information exchange services also provides that we may see information about you from other participants.

Special Circumstances. We may use or disclose your protected information in certain special circumstances, including disclosure to agencies authorized or required by law. These circumstances may include but are not limited to: the collection of information for maintaining vital records for public health, for national security and intelligence activities, for investigation

of a crime or in response to a legal request, for specialized government functions in the event you are a veteran or in the military, for providing assistance in identifying you or locating you in the event of a disaster, for investigation of a death or identification of a deceased person, for research purposes if certain requirements have been made to protect your individual PHI, to avert a threat to health or safety of an individual or the public, to comply with requirements for worker's compensation programs, or to facilitate organ, eye or tissue donation or transplantation.

Your Rights

You have certain rights concerning your protected information and this Notice, including:

Notice. You may request a copy of this Notice at any time by visiting one of our offices. You may also print a copy from our website, www.whitespediatrics.com.

Inspection and Copies. You have a right to inspect and receive a copy of the protected information we maintain about you. To do so, please contact one of our offices. We may charge you for the costs of copying and mailing your protected information. Our practice may deny your request to inspect and/or copy your PHI in certain limited circumstances; for example, we may not disclose psychotherapy notes. However, you may request a review of our denial.

Amendments. If you feel that the protected information we maintain about you is incomplete or incorrect, you may request that we amend it. Your request must be made in writing. The request must include the reason you are requesting the amendment. In certain cases, we may deny your request for amendment. If we deny your request, you may send us a written statement disagreeing with our denial which we will maintain in your medical record.

Accounting of Disclosures. You have the right to receive an accounting of the disclosures we have made of your protected information. The accounting will not include disclosures made for routine patient care in our practice, for example: the doctor sharing information with the nurse, the billing department using your information to file your insurance claim, or disclosures authorized by you. The right to receive an accounting of disclosures is subject to certain other exceptions, restrictions and limitations. You must submit your request in writing to White's Pediatrics. The first accounting you request within a 12-month period will be free of charge, but you may be charged for the cost of additional accountings.

Confidential Communication. You may request that we contact you about your protected information only in a certain manner (such as in writing rather than by phone) or only at a certain location (such as your home or place of work). We will accommodate reasonable

requests submitted in writing.

Right to Provide Authorization for Other Uses and Disclosures. White's Pediatrics will obtain written authorization before using or disclosing your protected information for any reason other than those included in this notice, including the use and disclosure of protected information for marketing and fundraising purposes. You have the right to opt out of fundraising contacts. We will never "sell" your protected information without your written authorization.

Right to Revoke Authorization. You may revoke your authorization in writing at any time. Upon receipt of your written revocation, we will stop using or disclosing your protected information, except to the extent that we have already taken action in reliance of the authorization. Please note, we are required to retain records of your care.

Right to Restrict Disclosure of PHI to a Health Plan. You have the right to request that we not disclose your protected information to a health plan where you have paid out-of-pocket in full for the services.

Right to Notification After a Breach of Unsecured PHI. You have the right to be notified by White's Pediatrics after a breach of unsecured protected information.

For More Information or to Report a Problem

If you have questions or would like additional information about the White's Pediatrics privacy policy, you may contact White's Pediatrics at (706) 876-2130. If you believe that your privacy rights have been violated, you may file a complaint in writing with White's Pediatrics, or the Department of Health and Human Services. To file a complaint with White's Pediatrics, send your complaint in writing to

White's Pediatrics
c/o Chief Compliance Officer
1575 Chattanooga Ave. Suite 1
Dalton, GA 30720

There will be no penalty against you for filing a complaint.

Revisions to Notice

White's Pediatrics may revise the terms of this Notice and make the new Notice effective for all

of your protected information. If material changes are made to this Notice, a copy of this notice will be posted on our website: www.whitespediatrics.com, and be available at our offices.

Effective Date:

This notice is effective as of May 7, 2014.