

Effective Date 1/1/2025

Burlington Pediatrics/ Mebane Pediatrics is committed to protecting the privacy of your protected health information (“PHI”). This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

THIS NOTICE OF OUR PRIVACY PRACTICES (THIS “NOTICE”) EXPLAINS

- How we may use and disclose your health information in the course of providing treatment and services to you.
- What rights you have with respect to your health information? These include the right:
 - To inspect and obtain a copy of your health information.
 - To request that we amend health information in our records.
 - To receive an accounting of certain disclosures we have made of your health information.
 - To request that we restrict the use and disclosure of your health information.
 - To request confidential communication about health information.
 - To receive a paper copy of this Notice.
- How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call our office at 336-228-8316.

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to safeguarding the privacy of your PHI, as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). With certain limited exceptions, PHI is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. Burlington Pediatrics/ Mebane Pediatrics may share your PHI within our practice and with employees involved in your treatment, payment and health care operations of our practice. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of your PHI that we have created or received as required by law.
- We will explain how, when and why we use or disclose your PHI.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice in the event of a breach of unsecured health information.

WHO WILL FOLLOW THIS NOTICE?

This Notice applies to the facilities, providers and workforce members of Burlington Pediatrics/ Mebane Pediatrics, including:

- Any health care professional authorized to enter health information into your medical record.
- All employees and staff of Burlington Pediatrics/ Mebane Pediatrics.
- All Burlington Pediatrics/ Mebane Pediatrics office locations.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment. We may use your PHI to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your healthcare with others. For example, we may use ambient listening technology to help our providers document your visit. This program is HIPAA-secure and uses encryption technology. As another example, we may need to share your child’s PHI if we are referring your child to a specialist for care.

For Payment. We may use and disclose your health information in order to bill and collect payment for treatment and services provided to you by Burlington Pediatrics/ Mebane Pediatrics. We may also share your health information with billing and collection agencies, insurance companies and health plans to collect payment for services. For example, we may disclose your health information to your insurance company to receive prior authorization for coverage of medications or services such as imaging.

For Health Care Operations. We may use your PHI to conduct activities that are called healthcare operations that allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Combining health information of many patients to identify new services or improve care to the communities we serve.
- Evaluating the skills, qualifications, and performance of healthcare providers caring for you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or laboratory accreditation organizations.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities.
- Sharing health information with local police departments or security personnel to maintain safety at our facilities.
- Assisting various people who review our activities. Health information may be seen by doctors reviewing services provided to you, and by other professionals who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to the services we provide.
- Complying with this Notice and with applicable laws.

Contacting You. We may use and disclose PHI to contact you about appointments, prescription reminders, clinical instructions, surveys, billing, or general communications. We may contact you by mail, telephone, portal, email, or text message. When you provide your address, telephone number, email address, or mobile phone number, there is a risk that someone else could read or access unencrypted emails or text messages. If you do not wish to receive these types of text or email messages, please contact us at records@burlingtonpeds.com.

De-identified Health Information. We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. We may create data sets of de-identified information of many patients to share with outside persons and companies to improve care for the communities we serve. We may also disclose your health information to a business associate for the purpose of creating de-identified information.

Limited Data Set. We may use your PHI to create a “limited data set” by removing certain identifying information. We may also disclose your health information to a business associate for the purpose of creating a limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes. We may create a limited data set of many patients to share with outside persons and insurance companies to perform quality review, or for public health or health care operations. Persons or companies receiving the limited data set must sign an agreement to protect your health information.

Treatment Alternatives. We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers. For example, if your child has eating difficulties, we may tell you about nutritional and other counseling services that may be of interest to you.

Electronic Health Information Exchange (HIE). We may participate in HIEs that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice. We participate in NC HealthConnex, the state government’s HIE. You may request to opt out by submitting the form downloaded directly from

<https://hiea.nc.gov/patients/your-choices>. Your opt out will not affect our obligation to disclose your health information to the Exchange when you receive services that are paid for by Medicaid.

Business Associates. There are some services provided in our organization through our business associates. For example, we retain the service of a medical file storage company to store some medical records. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to perform. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

Individuals Involved in Your Care or Payment for Your Care. We may share with a family member, relative, friend, or other person identified by you, health information that is directly relevant to that person’s involvement in your care or payment for your care. We may use or disclose health information in order to notify a family member, personal representative, or other person responsible for your care of your general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family, personal representative or others responsible for your care can be notified about your location, general condition or death. We comply with state law confidentiality protections for minors receiving treatment for pregnancy, drug and/or alcohol abuse, communicable disease, or mental health.

SPECIAL SITUATIONS

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- **As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to a court order.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.
- **Public Health Risks.** We may disclose your PHI to appropriate government authorities for public health activities. These activities 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 injuries caused by animals.
 - 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.
 - To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence.
 - To support public health surveillance and combat bioterrorism.
- **Health Oversight Activities.** We may disclose your health information to a federal or state health oversight agency for oversight activities authorized by law.
- **Law Enforcement.** We may release health information to a law enforcement official for certain law enforcement purposes. For example, we may disclose your PHI to report a crime.
- **Lawuits and Disputes.** We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Coroners and Medical Examiners.** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine cause of death.
- **Organ Donation.** We may use or disclose your PHI for organ, eye, or cadaver donation.
- **Specialized Government Functions.** We may disclose health information about you if it relates to military and veterans’ activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.
- **Workers’ Compensation.** We may release your health information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. We may also contact you to see if you are interested in participating in research.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

NORTH CAROLINA LAW

In the event that North Carolina Law requires us to give more protection to your health information than stated in this Notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Unless you object in writing, we may release health information related to your mental health to other health care providers for treatment, quality assessment and improvement activities, and other permitted purposes, including case management and care coordination, disease management, outcomes evaluation, development of clinical guidelines and protocols, population-based activities and the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services.

In accordance with federal law, generally we will obtain your written consent before we may disclose health information that would identify you as a patient for substance abuse services. There are exceptions to this general requirement. For instance, we may disclose health information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.

PATIENT RIGHTS

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. To inspect and/or request records, please contact records@burlingtonpeds.com. If you request printed copies of your records, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. For printed copies, there is a charge of \$0.75 per page for the first 25 pages and \$.50 per page for pages 26-100+. Under certain situations, we may deny your request in writing, describing the reason for denial and your rights to request a review of our denial.

Right to Amend. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The health information was not created by Burlington Pediatrics/ Mebane Pediatrics unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make the amendment.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please call 336-228-8316 or email records@burlingtonpeds.com to request an amendment to your record.

Right to an Accounting of Disclosures. You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:

- For treatment, payment, or health care operations purposes.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Made for national security or intelligence purposes.
- Made to correctional institutions and other law enforcement officials.
- Made as part of a limited data set which does not contain certain health information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request in writing to records@burlingtonpeds.com.

- **Right to Request Restrictions.** You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes (and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting a formal request to records@burlingtonpeds.com.
- **Right to Request Confidential Communication (Alternative Ways).** You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice upon request. We will make available a copy of this Notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the Notice to you as soon as practicable. You may also obtain a copy of this Notice at any time from our website, burlingtonpeds.com or from any of our office locations.

CONTACT FOR QUESTIONS AND COMPLAINTS

If you have any questions regarding this Notice, our privacy policies or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

Practice Administrator
Burlington Pediatrics/ Mebane Pediatrics
530 West Webb Avenue
Burlington, NC 27217
336-228-8316

You may also send a written complaint to the US Secretary of the Department of Health and Human Services or NC Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised Notice at our facilities.
- Making copies of the revised Notice available upon request at all of our office locations.
- Posting the revised Notice on our website, burlingtonpeds.com.

To receive a copy of this Notice in an alternate format, please contact our office at 336-228-8316.

PATIENT RIGHTS

- You have the right to safe, quality medical care, without discrimination, that is compassionate and respects your personal dignity, values, and beliefs.
- You have the right to participate in and make decisions about your care, including refusing care, to the extent permitted by law. Your care provider (such as a doctor or nurse) will explain the medical consequences of refusing recommended treatment.
- You have the right to have your illness, treatment, pain, alternatives, and outcomes explained in a way that you can understand. You have the right to an interpreter, if needed.
- You have the right to know the name(s) and role(s) of your care team members. You have a right to ask for a second opinion.
- You have the right to request that a family member, friend, and/or physician be notified that you are under our care.
- You have the right to be accompanied by others during your visit, including your parents, another family member, or a friend. However, it may become clinically, or otherwise reasonably necessary, due to a patient's care, safety, or well-being, to impose restrictions on guests accompanying the patient. Reasons to limit visitors, if deemed necessary, may include, but are not limited to:
 - To prevent interference with certain treatments, particularly for mental health
 - Infection control
 - The care of other patients
 - Disruptive, threatening, or violent behavior by a visitor
 - The need for privacy
 - Space limitations or specific time period restrictions
- You have the right to a complete explanation if you will be transported to another facility or organization, including alternatives to the transport.
- You have the right to receive information about continuing your care at the end of your visit.
- You have the right to know the policies that affect your care and treatment.
- You have the right to private and confidential treatments, communications, and medical records, to the extent permitted by law.
- You have the right to receive information concerning advance directives (living will, health care power of attorney, or mental health advance directives), and to have your advance directives respected, to the extent permitted by law.
- You have the right to access your medical records in a reasonable timeframe, to the extent permitted by law.
- You have the right to know about fees and to receive counseling on the availability of resources to help you pay for your care.
- You have the right to access advocacy or protective service agencies, and a right to be free from abuse.
- You have the right to have your concerns and complaints addressed. Should you or your designated guardian feel that your rights as a patient have been violated -- or you wish to share a compliment, concern, or complaint -- please contact us at 336-228-8316. Sharing your concerns and complaints will not compromise your access to care, treatment, and services.

Nondiscrimination

Burlington Pediatrics/ Mebane Pediatrics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our practice health equity and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GENERAL POLICIES

VACCINE POLICY

We at Burlington and Mebane Pediatrics are dedicated to providing the best care that we can for our patients and to helping make our community safe and healthy. To achieve these goals effectively, we must enter into a partnership based on mutual trust with the parents of our patients. We believe that immunizations are one of the most important health interventions a parent can do on behalf of their children, and we want all of our patients to benefit. We believe vaccinations are a critical part of caring for our patients and protecting our entire community. While we recognize and respect the parents' role as the ultimate decision maker for their child's healthcare, we believe strongly that we are obligated to deliver the best and safest healthcare possible for our patients and our community. Although we strongly support all recommended vaccines, there are several vaccines that we must insist that our patients receive in a timely manner to remain in our practice. They are effective in preventing diseases that can and do cause severe illness, brain damage and death. These are: Pediarix™ containing Diphtheria, Tetanus and Acellular Pertussis (DTaP)/Hep B/IPV(Polio) ; Haemophilus Influenza Type B (Hib); Pneumococcal Conjugate Vaccine (Pevnar); Measles, Mumps and Rubella (MMR); Varicella; Tdap (Diphtheria, Tetanus and Pertussis) and Menveo (Meningococcal ACWY).

All newborn patients at Burlington Pediatrics are expected to receive the following minimum vaccines starting at 2 months of age: (additionally, these are usually required by daycares and schools)

- *DTaP/Hep B/IPV: 3 doses by 9 months*
- *DTaP: 4 doses by 18 months, 5 doses by 5 years*
- *IPV: 4 doses by 5 years*
- *Hib: 2 doses by 6 months, 3 doses by 18 months*
- *Pevnar: 3 doses by 9 months, 4 doses by 18 months*
- *MMR: 1 dose by 15 months, 2 doses by 5 years*
- *Varicella: 1 dose by 15 months, 2 doses by 5 years*
- *Tdap: 1 dose by 12 years*
- *Menveo: 1 dose by 12 years, 2 doses by 17 years*

CODE OF KINDNESS

Burlington Pediatrics strives to provide a safe and healthy environment for staff, visitors, patients and their families. Burlington Pediatrics expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of others. The following behaviors will not be tolerated and may result in your removal from the facility and your dismissal from the practice:

- Inappropriate behaviors in person or through written, verbal, or electronic communication, including but not limited to the following; profanity, harassment, offensive or intimidating statements or gestures, or threats of violence of any kind.
- Using social media to inappropriately address concerns or to disparage the practice or our staff. All patients are encouraged to contact the office with any concerns.
- Possession of firearms or any weapons other than law enforcement.
- Physical assault, arson, or attempt to inflict bodily harm.
- Behaving in a manner as if under the influence of drugs or alcohol.
- Attempting theft or intentionally damaging equipment or property.
- Falsification of notes and other documentation.
- Racial or cultural slurs or other derogatory remarks associated with race, language, or sexual orientation.
- Requests that would constitute illegal or unethical behavior on the part of Burlington Pediatrics.
- We also ask that all parents and accompanying adults supervise children in their care.

If you experience or witness any of these inappropriate behaviors, please report it to any staff member.

WELL VISITS AND ADDITIONAL SERVICES

Your insurance company has defined rules for what should be part of a Well Visit, also called a Well Child Examination or Annual Physical. A Wellness Visit includes:

- *Tracking growth and development*
- *An opportunity to review your child's medical history and look for potential health risks*
- *Assess overall health and wellbeing*
- *Vaccinations*
- *Health screening services such as developmental screens, hearing/vision and cholesterol screens*

Well Visits do not include the evaluation and management of new, chronic, or complex illnesses. If time permits, we are happy to extend your Well Visit to address any new or ongoing problems that your child may be experiencing. Please note that this may result in your insurance plan determining that the visit is subject to additional charges, such as co-payment, deductible, and/or co-insurance. You may choose to, or your provider may recommend that you make a separate appointment on a different day to address these concerns.