



**Sun Pediatrics, LLC (Notice of Privacy Practices for 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. PLEASE REVIEW IT CAREFULLY.**

Sun Pediatrics LLC is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. We will not use or disclose your child's health information except as described by this Notice. If you consent, Sun Pediatrics LLC is permitted by federal privacy laws to make uses and disclosures of your child's health information for the purposes of treatment, payment, and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. It is individually identifiable health information that is transmitted or maintained in any form, including oral communication, to other health entities or its business associates. PHI includes name, address, social security number, phone number, zip code, names of next of kin and e-mail address. It also includes any information related to a person's past, present, or future physical or mental health condition such as symptoms, medical history, examination, test results, diagnoses, treatment, applying for future care/treatment. In addition, it includes billing information for these services.

**Examples of uses of your health information for treatment purposes:** A nurse or medical assistant obtains treatment information about your child and records it in a medical record. During the course of your child's treatment, the physician determines he/she will need to consult with another specialist in the area and will share that information with the specialist and obtain the specialist's input.

**Example of use of your health information for payment purposes:** We submit requests for payment to your health insurance company and the health insurance company or business associate helping us to obtain payment, requests health information from us, regarding medical care given. We will provide information to them about your child and the care given, which may include diagnosis, procedure, supplies, copies or excerpts of your child's medical record that are necessary for payment of your account.

**Example of use of your health information for healthcare operations:** We obtain services from our insurers or other business associates (an individual or entity under contract with Sun Pediatrics, LLC to perform or assist us in a function/activity that necessitates the use/disclosure of health information) such as quality assessment and improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services and insurance. We will share health information with our business associates as necessary to obtain these services. We require our insurers and business associates to protect the confidentiality of your child's health information.

**OTHER DISCLOSURES and USES**

The Privacy Standards allow the use of protected health information in a variety of circumstances where the information is essential for public purposes or for the operation of the health care system.

**Patient consent, authorization, or opportunity to object is not required where the disclosure is required by:**

**Law:** We may disclose your child's health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability.

**Abuses, Neglect and Domestic Violence:** We may disclose your child's health information to public authorities as allowed by law to report abuse, neglect, or domestic violence.

**Health Oversight:** We may disclose your child's health information to appropriate health oversight agencies or for health oversight activities.

**Judicial and Administrative Proceedings:** A. We may disclose your child's health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order or in response to a subpoena, discovery request, other lawful process if certain specific requirements are met, B. To avert a serious threat to health or safety, we may disclose your child's health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**Law Enforcement Purposes:** We may disclose your child's health information for law enforcement purposes as required by law, such as when required by a court order; for identification of a victim of a crime if certain protective requirements are met; to report a crime on our premises; to report a crime in emergencies; and other appropriate situations permitted by law.

**Deceased Persons:** We may disclose your child's health information to coroners, medical examiners, and funeral directors consistent with applicable law to allow them to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose your child's health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplant of organs for the purpose of tissue donation and transplant.

**Research:** A. We may use and disclose your child's health information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child's health information, B. We may disclose to the Food and Drug Administration (FDA) your child's health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

**Serious Threat to Health or Safety:** A. In an emergency, using our best judgment, we may disclose to a family member, other relative, close personal friend, or any person you identify, health information relevant to that person's involvement in your child's care or in payment for such care, B. We may use and disclose your child's health information to assist in disaster relief efforts. **Specialized Government Functions:** A. We may disclose your child's public health information for specialized government functions as authorized by law such as to military and veteran's personnel, for national security and intelligence purposes, or to public assistance program personnel, B. If your child is an inmate of a correctional institution or under the custody of a law enforcement officer, we may disclose to the institution or law enforcement official, health information necessary for your child's health and the health and safety of other individuals.

**Workers Compensation:** If your child is seeking compensation through Workers Compensation, we may disclose your child's information to

Other uses and disclosures of your child's health information besides those identified in this Notice will be made only with your written authorization. You may revoke the authorization in writing, unless the provider has taken action based on reliance of the authorization.

**Notification of Family/Friends:** Unless you object, we may use or disclose your child's health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your child's care, about his/her location, and about his/her general condition, or his/ her death.

**Oral or Written Communication with Family/Friends:** Unless you object, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your child's care or in payment for such care.

**Appointment Reminder and Treatment Alternatives:** We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you for your child's care.

### **YOUR HEALTH INFORMATION RIGHTS**

**The health and billing records we maintain are the physical property of Sun Pediatrics, LLC. The information in it however belongs to you. You have a right to:**

1. Request a restriction on certain uses and disclosures of your child's health information by delivering the request in writing to Sun Pediatrics, LLC. We are not required to grant the request where provision of that information would pose a danger to the patient or to others.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health information by making a request at our office.
3. Request that you be allowed to inspect and copy your child's health record and billing record. You may exercise this right by delivering the request in writing to Sun Pediatrics, LLC, using the form we provide to you upon your request.
4. Appeal a denial of access to your child's protected health information except in certain circumstances:
  - A. Psychotherapy notes, B. Information compiled in anticipation of legal proceedings, C. lab results reported to providers, D. Provider's Peer Review, E. Quality Assurance Files
5. Request that your child's healthcare record be amended to correct incomplete or incorrect information by delivering a written request to us using the form we provide to you upon request. The physician or other healthcare provider is not required to make such amendments.
6. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your child's protected health information.
7. Obtain an accounting of disclosures of your child's health information as required to be maintained by law, by delivering a written request to Sun Pediatrics, LLC using the form we provide you upon your request. An accounting will not include internal uses of information for treatment, payment, or operations; disclosures made to you at your request; disclosures made to family members or friends in the course of providing care.
8. Request that communication of your child's health information be made by alternative means or at an alternative location by delivering the request in writing to us, or by using the form we gave you upon your request.
9. Revoke authorizations that you made previously to use or disclose information except when the information or action has already been taken by us. You may deliver a written request to Sun Pediatrics, LLC.

If you want to exercise the above rights, please contact Sun Pediatrics, LLC. 2520 Windy Hill Road, Suite 104, Marietta, GA 30067; Tel (678) 501 5601

### **OUR RESPONSIBILITIES**

**Sun Pediatrics, LLC is required to:**

1. Maintain the privacy of your child's health information as required by law,
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about your child,
3. Abide by the terms of this Notice,
4. Post the notice in a clear and prominent location,
5. Notify you if we cannot accommodate a requested restriction or request,
6. Accommodate your reasonable requests regarding methods to communicate health information with you within the following time frames (A. Within 30 days for patient request to inspect and copy medical records, B. Within 60 days for patient request to amend protected health information, C. Within 60 days for patient request to receive an accounting of health information),
7. Retain copies of Notices issued for six (6) years from the date they were last in affect.

**Sun Pediatrics, LLC reserves the right to amend, change, or eliminate provisions in our privacy practices and our access practices. Furthermore, Sun Pediatrics, LLC may enact new provisions regarding the protected health information we maintain. 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 Notice or by visiting our office and picking up a copy.**

### **TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact us at (678) 501 5601. In addition, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our doctors or staff.

Sun Pediatrics, LLC cannot, and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) or Office of Civil Rights (OCR) as a condition of receiving treatment from us. We cannot, and will not retaliate against you for filing a complaint with HHS or OCR.

### **TO REQUEST COPIES OF MEDICAL RECORDS**

The Privacy Rule permits Sun Pediatrics, LLC to impose reasonable, cost-based fees. The fee may include only the cost of copying (including supplies and labor) and postage, if you (the parent) requests that the copy be mailed. If you have agreed to receive a summary or explanation of your child's protected health information, Sun Pediatrics, LLC may also charge a fee for preparation of the summary or explanation. This fee, however, may not include costs associated with searching for or retrieving the requested information.