

Notice of Privacy Practices and Individual Rights (Summary version)

Covenant Pediatrics is required by law to follow the practices described in this summary. This is a summary of our Privacy Practices, but does not replace the full version, which is available at your request. This notice describes how your medical information may be used and disclosed and how you can get access to this information. This notice applies to personal health information that we have about you, and which is kept in or by our medical practice. Neither this summary nor the full notice covers every possible use or disclosure. If you have any questions, please contact our Privacy Officer.

We may use your personal health information for the following.

- Plan your treatment and services.
- Submit bills to your insurance, Medicaid, Medicare, or third party payer.
- Determine in advance from your insurance company if payment for the treatment is covered by your plan or to facilitate payment of a referring physician.
- Share your information with business associates who need to use or disclose your information to provide a service for our medical practice (such as billing).
- Exchange information with other State agencies as required by law.
- Treat you in an emergency or when there is something that prevents us from communicating with you.
- Send you appointment reminders.
- For certain types of research.
- When there is a serious public health or safety threat to you or others.
- To agencies involved in a disaster situation.
- As required by law. This includes investigations, audits, inspections, and licensure.
- To law enforcement if you are a victim of a crime, involved in a crime at our facility, or you have threatened to commit a crime.
- To coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- When ordered to do so by a court.
- To Federal officials involved in security activities authorized by law.
- To the correctional facility if you are an inmate.

As a patient in our practice you have the following rights.

- To ask that we communicate with you about medical matters in a certain way or at a certain location. This must be made in writing.
- To inspect and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask for the record to be changed if you believe you see a mistake or something that is not complete. You must make this request in writing. We may deny your request if:
 - We did not create the entry that is wrong,
 - The information is not part of the file we keep,
 - The information is not part of the file that we would let you see,
 - We believe the record is accurate and complete.
- To limit how we use or disclose your information (i.e. not to release information to your spouse or a particular provider agency). This must be made in writing, and we are not required to comply.
- To know to whom we have sent information about you for up to the last six years. The first request in a twelve-month period is free. We may charge you for additional requests.
- To have a paper copy of the Notice of Privacy Practices.
- To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.
- To authorize other releases of your personal information not described above. You may change your mind and remove the authorization at any time (in writing).

If you wish to exercise any of these rights, or to file a complaint, you should contact the Privacy Officer (Practice Manager) of this medical practice.