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Clayton, NC 27527
Phone : (919) 267-1499
Fax : (919) 250-6272



23 Sunnybrook Rd. Suite 116
Raleigh, NC 27610
Phone : (919) 250-3478
Fax : (919) 250-6272

Privacy Policy

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for our services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Say yes to all reasonable requests.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*** For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

For any questions regarding the privacy policy please contact:

Evan Raymond

Practice Manager

919-250-3478

eraymond@kidsfirstraleigh.com

As a practice, we value privacy and never market or sell personal information.

By signing below I am acknowledging that I have read, accepted and fully understand the privacy policy set forth by Kids First Pediatrics of Raleigh & Clayton.

Patient Name(s) _____

Parent OR Guardian Name _____ **Relationship** _____

Parent OR Guardian Signature _____ **Date** _____