**PINEVILLE** **PEDIATRICS**

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**HIPAA NOTICE OF PRIVACY PRACTICES FOR PINEVILLE PEDIATRICS** :

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. We are required by law to:
• Maintain the privacy of protected health information
• Give you this notice of our legal duties and privacy practices regarding your health information
• Follow the terms of the notice currently in effect.

**How we may use and disclose your health information**
Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to:

PINEVILLE PEDIATRICS, 10700 Kettering Drive, Suite D, Charlotte, NC 28226

**Treatment:** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment:** We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.

**Healthcare Operations:** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their healthcare operation activities.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services:** We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.

**Research:** We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.

**As Required by Law:** We will disclose your health information when required to do so by international, federal, state or local law.

**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 the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

**Business Associates:** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

**Military and Veterans:** If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.

**Workers' Compensation:** We may release your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Public Health Risks:** We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release your health information request by law enforcement official if (1) there is a court order, subpoena, warrant, summons or similar process; (2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; (3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; (4) the information is about a death that may be the result of criminal conduct; (5) the information is relevant to criminal conduct on our premises; and (6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

**National Security and Intelligence Activities:** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or in custody we may disclose your information (1) for the institution to provide you with healthcare, (2) to protect your health and safety or that of others, and (3) for the safety and security of the institution.

**Your Rights Regarding Your Health Information:**
Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records by written request to: Privacy Officer, Pineville Pediatrics, 10700 Kettering Drive Suite D Charlotte NC 28226.

**Right to Amend:** You have the right to request an amendment to your records by written request to: Privacy Officer, Pineville Pediatrics 10700 Kettering Drive Suite D Charlotte NC 28226.

**Right to an Accounting Of Disclosures:** You have a right to an accounting of certain disclosures by written request to: Privacy Officer, Pineville Pediatrics 10700 Kettering Drive Suite D Charlotte NC 28226.

**Right to Request Restrictions:** You have the right to request restrictions or limitations on your health information used for treatment, payment or healthcare operations. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to: Privacy Officer, Pineville Pediatrics 10700 Kettering Drive Suite D Charlotte NC 28226. We are not required to agree with your request, but we will try to comply.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and be addressed to: Privacy Officer, Pineville Pediatrics 10700 Kettering Drive Suite D Charlotte NC 28226. We will accommodate reasonable requests.

**Changes To This Notice:** We may change this notice and  make it effective for medical information we already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to:

**Pineville Pediatrics
10700 Kettering Drive, Suite D • Charlotte, NC
704.540.3036 Phone • 704.543.3043 Fax**

**FINANCIAL POLICY**

**Thank you for choosing Dr. Jamma and Pineville Pediatrics. Our primary goal is that you receive proper and optimal care necessary to maintain good health. We hope that you understand that our credit and collection policies are a necessary part of assuring that the financial resources needed to maintain this office for you and the community are preserved. Therefore, we have instituted this Financial Policy. We ask that all responsible parties read and sign our Financial Policy and complete our Patient and Insurance Information form before you can be seen by any physician.**

**PAYMENT FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, and Visa or MasterCard. We are happy to process your insurance claims for any carriers with which we are able to do so. In order to help us complete this task, we ask that you provide us with your current insurance card and any other necessary information that may be needed to file your claim.**

**We may accept assignment of insurance benefits for some carriers. Please understand that although we participate with many insurance carriers, we may not be listed as a member provider with your**

**insurance company. Therefore, please ensure that we are listed as a primary care physician for your insurance company. Problems may arise between you and your insurance company. Therefore, we must inform you of the following:**

**1. YOUR INSURANCE POLICY IS BETWEEN YOU, YOUR EMPLOYER (WHEN**

**APPLICABLE), AND THE INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT**

**CONTRACT. OUR RELATIONSHIP IS WITH YOU, THE RESPONSIBLE PARTY.**

**2. All charges are your responsibility whether your insurance company pays or not. All services**

**may not be a covered benefit by your insurance policy. You will be responsible for payment of any**

**uncovered services, any unpaid deductibles, and co-payments at the time services are rendered.**

**3. In the event that your insurance carrier has not made necessary payment within 30 days, you will**

**be asked to contact the carrier to facilitate the process and to provide any additional information**

**necessary to process your claim.**

**4. In the event that your insurance carrier has not made necessary payment within 90 days, you will**

**be asked for payment in full by either: cash, cashier’s check, money order, Visa or MasterCard.**

**5. Accounts on which checks have been returned for insufficient funds will have a charge of $25.00**

**added to the balance. Additional personal checks will then not be accepted for payment.**

**We understand that temporary financial problems may affect payment of your balance. We are unable to assist you in arranging alternative means of payment unless any such problems are brought to our attention as they are known to you. Thank you for choosing us as your primary care physician.**