



Meade County Pediatrics, PLLC

NOTICE OF PRIVACY PRACTICES

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.

This notice describes the privacy practices of Meade County Pediatrics when you are treated as a patient. This policy applies only to Meade County Pediatrics. The use of We, Our or Us in this notice particularly applies to Meade County Pediatrics.

Protecting Your Information

We understand that certain information about you and your health is personal. We are committed to protecting medical, billing and other information about you. We create a record of the care and services you receive at Meade County Pediatrics. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which We use and disclose information about you. It also describes your rights and Our duties regarding the use and disclosure of your information. We reserve the right to change this notice and make the revised or changed Notice effective for medical information We already have about you, as well as any information We receive in the future. We will post a copy of the current Notice. The effective date of this Notice is located at the bottom of each page. We are required by law to (1) maintain the privacy of medical information that identifies you, (2) give you this Notice of Our legal duties and privacy practices, and (3) follow the terms of Our most current Privacy Notice.

Use and Disclosure of Information about You

For Treatment: We may use your medical information to provide, coordinate or manage your health care and any related services. We may disclose your medical information to employees, physicians, and other health care providers and other individuals who are involved in providing treatment to you. We may also disclose medical information about you to people outside of Meade County Pediatrics, who are involved in your medical care, such as, physicians, medical device or equipment companies, pharmacists, family members or others who provide services that are part of your care.

For Payment: We may use and disclose information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party.

Appointment Reminders: We may use and disclose your information to remind you of an appointment with Us.

Treatment Alternatives, Health-Related Benefits and Services: We may use and disclose your information to discuss treatment alternatives and health related benefits or services that may

be of interest to you, so long as We don't receive any payment in exchange for such communication

As Required By Law: We will disclose information about you when required or authorized by law.

Public Health Risks: We may disclose information about you for public health activities. These activities generally include but are not limited to the following, as permitted or required by law: (1) preventing or controlling disease, injury or disability; (2) collecting or reporting adverse events and product defects, (3) notifying the appropriate government authority if We believe a patient has been the victim of abuse, neglect or domestic violence; and (4) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, licensure and certification. These activities are necessary for the government to monitor the health care system and compliance.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, We may disclose information about you in response to a court or administrative order.

Right of Access: You have the right to inspect and obtain a copy of information that We maintain about you. Usually, this includes medical and billing records, but does not include certain other types of records. All records for review of records must be submitted in writing. Under certain circumstances, We may charge you a fee for copying and mailing your records. We may deny your request to inspect or obtain a copy in certain limited circumstances.

Right to Request Confidential Communications: You have the right to request that We communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that We contact you only at work or by mail.

Other Uses of Medical Information:

If you give us authorization to use or disclose information, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures We have already made with your permission. We are required to retain Our records of the care that We provided to you.

Questions and Complaints

If you have questions about this Notice, please contact the Privacy Officer listed below. To file a complaint please contact us at (270) 422-3400.

**Meade County Pediatrics
Privacy Officer
1010 Lawrence Street
Brandenburg, Kentucky 40108**