

**This notice describes how medical information about you may be used and disclosed
And how you can gain access to this information. Please review it carefully.**

If you have any questions about this Notice, our Privacy Contact Person is Sylvia Holmes.

1. Summerville Pediatrics, P.A. may use and disclose your health information for treatment, payment and healthcare operations. An example of release of your information for treatment purposes, would include, but not be limited to, consultations or referrals to other healthcare providers. In the care of release of your information for the purposes of payment, examples would include, but not limited to, insurance companies for submitting claims; verifying insurance coverage; insurance authorizations for service. For the case of healthcare operations, your information could be released for the purpose of internal quality control and assurance; charge audits, and other uses necessary for the administration of our practice, such as the use of a sign-in sheet, or calling your name in our waiting room when the doctor is ready to see you.
2. Summerville Pediatrics, P.A. is permitted or required to release your health information without your written consent or authorization in certain circumstances. Two examples of such circumstances would be for public health requirements or court orders.
3. Summerville Pediatrics, P.A. may at times contact our patients to provide appointment reminders or information regarding treatment alternatives or other health-related benefits and services that our doctors feel may be of interest to our patients.
4. Summerville Pediatrics, P.A. will honor your health information rights. Although your health record is the property of our practice, the information belongs to you. You have the right to:
 - a. Inspect and request a copy of your health record.
 - b. Request a restriction on certain uses and disclosures of your information.
 - c. Obtain an accounting of disclosures of your health information.
 - d. Revoke your authorization to use or disclose health information except to the extent that action has already been taken. You must do so in writing.
 - e. Amend your health record.
 - f. Request communications of your health information by alternative means or at alternative locations.
 - g. Obtain a copy of our Notice of Privacy Practices upon your request.
5. Summerville Pediatrics, P.A. will abide by the terms of this notice or the notice currently in effect at the time your information is released.
6. Summerville Pediatrics, P.A. reserves the right to change the terms of this notice and to make the new notice effective for all patient health information that it maintains.
7. Summerville Pediatrics, P.A. will provide you with a copy of any changes of this Notice at the time of your next visit, or at your last known address if there is a need to release your health information. Copies may also be obtained at any time at our office. A more in depth version is available to you at your request.
8. Any person may file a complaint to our Practice if they believe their privacy rights have been violated. To file a compliant, please fill out the report form located in our waiting room. You may give the report to our receptionist during working hours or you may remain anonymous by mailing the report to our office anytime. You may also report directly to the Secretary of Health and Human Services.
9. It is Summerville Pediatrics, P.A.'s policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.
10. The effective date of this Notice of Privacy Practices is April 14, 2003.