



Burkhart Pediatric & Adolescent Dermatology

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HIPAA Notice of Privacy Practices for Patients Over 18

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

Effective Date: March 2020

If you have any questions about this notice, please contact the Burkhart Pediatric & Adolescent Dermatology, PLLC Practice Manager at (919) 476-1118.

This notice describes the privacy practices of Burkhart Pediatric & Adolescent Dermatology, PLLC in the locations where we provide care for patients. Currently we provide the majority of care in our office

TO WHOM THIS NOTICE APPLIES

This notice describes the practices of:

- Burkhart Pediatric & Adolescent Dermatology, PLLC;
- Any health care professional authorized to enter information into your medical record maintained by Burkhart Pediatric & Adolescent Dermatology, PLLC;
- Any persons or companies with whom Burkhart Pediatric & Adolescent Dermatology, PLLC contracts for services to help operate our practice and who have access to your medical information; and
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. Burkhart Pediatric & Adolescent Dermatology, PLLC is committed to protecting medical information about you. We create a medical record of the care and services you receive from Burkhart Pediatric & Adolescent Dermatology, PLLC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by Burkhart Pediatric & Adolescent Dermatology, PLLC, whether made by Burkhart Pediatric & Adolescent Dermatology, PLLC's personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than Burkhart Pediatric & Adolescent Dermatology, PLLC.

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This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at Burkhart Pediatric & Adolescent Dermatology, PLLC, and your legal rights, with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. Within each category, we have provided a list of examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to physicians, nurses, technicians, health students, volunteers, or other personnel who are involved in taking care of you at Burkhart Pediatric & Adolescent Dermatology, PLLC. For example, a doctor treating you for a skin infection may need to know if you have allergies to certain antibiotics. We also may disclose medical information about you to people outside Burkhart Pediatric & Adolescent Dermatology, PLLC who may be involved in your medical care after you have been treated by Burkhart Pediatric & Adolescent Dermatology, PLLC, such as friends, family members, specialists, or employees or medical staff members of any hospital to which you are transferred or subsequently admitted. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive from Burkhart Pediatric & Adolescent Dermatology, PLLC may be billed by Burkhart Pediatric & Adolescent Dermatology, PLLC and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from Burkhart Pediatric & Adolescent Dermatology, PLLC so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as another specialist or hospital to which you are admitted, for their payment activities concerning you.

We may also tell your health plan about a treatment before you receive it so that we can obtain prior approval, if required, or determine if your plan will cover the treatment. If we provide a service for which you pay in full out-of-pocket and you request that we not send PHI to your insurance company, we are obligated to comply with your request except when the information is needed to comply with the law.

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For Health Care Operations: We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Burkhart Pediatric & Adolescent Dermatology, PLLC and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine de-identified medical information about many patients to decide what additional services Burkhart Pediatric & Adolescent Dermatology, PLLC should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Burkhart Pediatric & Adolescent Dermatology, PLLC for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you have also received care from that provider.

Appointment Reminders/ Follow-up Calls: We may use your information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care. This may be through patient portal, text, email, or phone calls.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend different ways to treat you.

Marketing: We will seek and obtain your prior written authorization for all written communications to you regarding treatment and healthcare operations where we have received financial remuneration from (or on behalf of) a third party in exchange for sending the communication; and the communication is intended to encourage purchase or use of a product or service offered by the third party. This requirement may apply to appointment reminders, treatment reminders, alternative treatments, and healthcare products and services. The requirement does not apply to face-to-face communications; promotional gifts of “nominal” value; prescription refill reminders or other communications about a drug or biologic that is being prescribed for you if the financial remuneration that is received is reasonably related to our cost for making the communication; communications about general health; and communications about government or government-sponsored programs.

Marketing of Health-Related Products and Services: “Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made

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about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

Fundraising Activities: We may use medical information about you to contact you in an effort to raise money for Burkhart Pediatric & Adolescent Dermatology, PLLC and its operations. Specifically, we may use information about you to target our fundraising efforts. For example, if we are raising money for eczema education services, we may focus our fundraising efforts on individuals who have received eczema education services from us in the past. We may also disclose medical information to a business partner or a foundation related to Burkhart Pediatric & Adolescent Dermatology, PLLC so that the business partner or the foundation may contact you in raising money for Burkhart Pediatric & Adolescent Dermatology, PLLC. We would release limited information about you, such as your name, address and phone number, age and date of birth, gender, your physician, and the dates you received treatment or services at Burkhart Pediatric & Adolescent Dermatology, PLLC.

If you do not want Burkhart Pediatric & Adolescent Dermatology, PLLC to contact you for fundraising efforts, you must notify Burkhart Pediatric & Adolescent Dermatology, PLLC's Privacy Officer in writing. If you have not already done so, we must ask you each time we contact you for fundraising efforts if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will no longer disclose your information for fundraising purposes. However, in the future you may let us know in writing that you would like to receive these fundraising communications. Your decision whether or not to receive targeted fundraising materials from us will have no impact on your access to health care services or the treatment we provide to you.

Even if you have opted-out, we may send you non-targeted fundraising materials that are sent out to the general community and are not based on information from your treatment.

Sale of Medical Information: We cannot sell your medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive payment of some kind disclosing your information. However, because a "sale" has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a "sale" of your information.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We also may disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the medical information they review does not leave Burkhart Pediatric & Adolescent Dermatology, PLLC. If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in

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connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher.

Organ and Tissue Donation: If you are an organ donor, we may release health information to an organ donation bank or to organizations that handle organ procurement or organ, eye, or tissue transplantation, as necessary to facilitate organ or tissue donation and transplantation

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

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure, should it occur, would be to someone who appears able to help prevent the threat and will be limited to the information needed.

Active Duty Military Personnel and Veterans: If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

Workers' Compensation: In accordance with state law, we may release, without your consent, medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- The prevention or control of disease, injury, or disability;
- The reporting of births and deaths;
- The reporting of suspected abuse or neglect as required by law;
- The reporting of reactions to medications or problems with products;
- The notification of people about recalls of products they may be using;
- The notification of a person or organization required to receive information on Food and Drug Administration–regulated products; and
- The notification of 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 without your consent health information to a health oversight agency for activities authorized by law. Examples of oversight activities are audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

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Lawsuits and Disputes: If you or you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

Law Enforcement: We may release without your consent medical information to a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
- In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
- To report a death or injury we believe may be the result of criminal conduct; and
- To report suspected criminal conduct committed at Burkhart Pediatric & Adolescent Dermatology, PLLC.

Coroners, Health Examiners, and Funeral Directors: We may release health information to a coroner or health examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release, without your consent, medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental security activities prescribed by law to protect our national security.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Psychotherapy Notes: Psychotherapy is not provided by Burkhart Pediatric & Adolescent Dermatology, PLLC. However, if we receive psychotherapy notes as part of regular medical therapy, regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside Burkhart Pediatric & Adolescent Dermatology, PLLC except as authorize by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Burkhart Pediatric & Adolescent Dermatology, PLLC except for training purposes or to defend a legal action brought against Burkhart Pediatric & Adolescent Dermatology, PLLC, unless you have properly authorized such disclosure in writing.

Inmates: If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to Burkhart

Pediatric & Adolescent Dermatology, PLLC that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the North Carolina Department of Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical record unless your attending physician determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Burkhart Pediatric & Adolescent Dermatology, PLLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing. Your medical information is contained in records that are the property of Burkhart Pediatric & Adolescent Dermatology, PLLC. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Burkhart Pediatric & Adolescent Dermatology, PLLC’s Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Request Information in a Form of Your Choosing:** You have the right to request the provision of protected health information (PHI) in a form of your choice such as paper or electronic. We will grant or deny the request within 30 days, and we may at times request a 30-day extension period. If any of the protected health information (PHI) is stored off-site, we will respond to your request within 60 days. We may charge you a reasonable, cost-based fee for preparing the information that you request.
- **Right to Request that We Send Information to Other Designated Parties:** You have the right to request that we send copies of your protected health information (PHI) to other designated

parties, provided that you submit a written signed request, designating the name, identity, and correct address of the designated recipient.

- **Right to Amend:** If you believe that any medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Burkhart Pediatric & Adolescent Dermatology, PLLC.

To request an amendment, make your request in writing to Burkhart Pediatric & Adolescent Dermatology, PLLC's Privacy Official. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Burkhart Pediatric & Adolescent Dermatology, PLLC;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of medical information about you during the past six years.

To request this list or accounting of disclosures, submit your request in writing to Burkhart Pediatric & Adolescent Dermatology, PLLC's Privacy Official and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- **Right to Request Restrictions:** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you previously gave us relating to disclosure of your medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing to Burkhart Pediatric & Adolescent Dermatology, PLLC's Medical Records Department by completing the [Request for Restriction on Use/Disclosure of Health Information form](#). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to Burkhart Pediatric & Adolescent Dermatology, PLLC. If you pay the charges for those services you do not want disclosed ***in full at the time of such service***, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible. If Burkhart Pediatric & Adolescent Dermatology, PLLC refers you to another physician or initiates services for you with a third-party provider (lab services, nebulizer, etc.), it is your responsibility to contact that other provider to request restrictions on disclosures to your health plan from that provider.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, make a written request in writing to the Practice Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

- **Right to Request Withholding of Disclosures Health Plans:** If you pay out-of-pocket in full for a service that we provide, you may request that we withhold from the payer disclosure of information on that service. We are obligated to comply with that request unless disclosure is otherwise required by law.
- **Right to Be Notified Should there Be a Breach:** You have the right to receive notice from us regarding a breach in disclosure of protected health information (PHI).
- **Right to a Paper Copy of This Notice:** You have the right to request a paper copy of this notice or any revised notice at any time. The office staff can provide the Notice for you. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice both at our office and on our Website: www.burkhartpediatricdermatology.com. The effective date will appear at the top of the first page. If the notice changes, a copy will be available to you upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services in Washington, DC. To file a complaint with us, complete our Patient Comment and Privacy Complaint form. Submit all complaints in writing to the Practice Manager, 135 Parkway Office Court, Suite 201, Cary, NC 27518. You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. You may obtain a copy of our medical records release form from our office or on our website at www.burkhartpediatricdermatology.com. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Burkhart Pediatric & Adolescent Dermatology, PLLC' Medical Records Department. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Acknowledgment of Receipt of This Notice

We will request that you sign a separate form acknowledging that you have received a copy of this notice. If you choose not to sign or are unable to sign, a staff member will sign his or her name and date. This acknowledgment will be filed with your records.