

Notice of Privacy Practices

Effective Date: 4/14/03

Dated Revised: 11/27/2013

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 of Privacy Practices describes how CC Partners L.L.C. d/b/a Kidz Biz Pediatrics ("Practice" or "us/we") may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice complies with the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Our Responsibilities. We are required to:

- Maintain the privacy of your health information in accordance with our Privacy Policies and Procedures and in accordance with federal and state law;
Provide you with this Notice as to our legal duties and privacy practices, and your rights with respect to information we collect and maintain about you;
Abide by the terms of this Notice;
Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
Notify you if we are unable to agree to a requested restriction.

We will promptly revise this Notice whenever there is a material change to the uses or disclosures, our Patient's rights, the Practice's rights, our legal duties or other privacy practices stated in this Notice. We may change the terms of our notice, at any time. We reserve the right to make any changes in its privacy practice effective for all PHI maintained by us. A copy of this policy may be requested by calling our office and requesting that a revised copy be sent to you in the mail. A copy of this Notice will also be posted in a clear and prominent location at our office(s).

Uses and Disclosures of PHI. Your PHI may be used and disclosed by the Practice, office staff and others outside of our office that are involved in the provision of and payment for health care services provided to you and support certain health care operations of the Practice. The following are examples of the types of uses and disclosures of your PHI:

Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to other physicians treating you to ensure they have the necessary information to diagnose or treat you.

Payment. Your PHI will be used, as needed, to facilitate and coordinate payment for your health care services. For example, we may provide your PHI to your health plan in order to obtain approval or a hospital admission.

Health Care Operations. We may use or disclose, as needed, your PHI in order to support our health care operations. For example, we may use information about you to assess the quality of the services provided by us.

Business Associates. We will share your PHI with third party "business associates" that perform various activities (e.g., legal, accounting services) for us. We will have a written contract that contains terms that will protect the privacy of your PHI.

Treatment Alternatives and Other Services. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures of PHI Based upon Your Written Authorization. Uses and disclosures of your PHI other than for treatment, payment and health care operations will be made only with your written authorization, unless otherwise permitted or required by law as described below. With certain exceptions, you may revoke this authorization, at any time, by providing written notice of the revocation to the Practice's Privacy Officer.

Disclosure of Information to Legal Guardians, Family Members, Friends and Other Individuals. Unless you object or request additional privacy restrictions or alternative communications that are accepted by us, we may, in the exercise of professional judgment, disclose to your legal guardian, family member, other relative, or close personal friend, PHI directly relevant to such person's involvement with your care or payment related to such care.

Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object. We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required By Law. We may use or disclose your PHI to the extent that the use or disclosure is required by law.

Public Health. We may disclose your PHI for public

health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

Communicable Diseases: We may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized to receive reports of child abuse, neglect, or domestic violence.

Food and Drug Administration: We may disclose your PHI to the FDA to: (i) report adverse events, product defects or problems, biologic product deviations; (ii) track products; (iii) enable product recalls; (iv) make repairs or replacements; or (iv) conduct post marketing surveillance, as required.

Legal Proceedings/Law Enforcement: We may disclose PHI in the course of any judicial or administrative proceeding or for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner, funeral director or appropriate parties for organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been appropriately approved by an institutional review board.

Criminal Activity: We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: We may use or disclose PHI of Armed Forces personnel to military authorities.

Workers' Compensation: Your PHI may be disclosed by us to comply with workers' compensation and similar programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility.

Required Uses and Disclosures: We must make disclosures of your PHI when required by the Secretary of the Department of Health and Human Services.

Your Rights. Following is a statement of your rights with respect to your PHI.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of certain medical information that we maintain (excluding psychotherapy notes). To do so, you must complete the Inspection and Copy Request Form and submit the form to our Privacy Officer. You will be charged a copying and mailing fee. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. We may deny your

request to inspect and copy in certain very limited circumstances. We will provide you with a written denial setting forth the basis of the denial a description of how you may exercise your review rights and a description of how you may file a complaint.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To do so, you must complete the Amendment Request Form and submit the form to our Privacy Officer. In certain circumstances, we may deny your request for an amendment. If so, we will provide you with a written denial that explains the basis of the denial. You may submit a written statement disagreeing with the denial and you may require us to include the statement, or if no statement is filed, a copy of your Amendment Request and our written denial with any future disclosures of the PHI.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures, which is a list of certain disclosures of your PHI we have made to others. To do so, you must complete the Accounting of Disclosures Request and submit the request to our Privacy Officer. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. We will charge you for the costs of providing an additional list during any 12 month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment payment or health care operations or to someone who is involved in your care. To do so, you must complete the Additional Restrictions Request Form and submit the request to our Privacy Officer. We are not required to agree with your request.

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. To do so, you must complete the Confidential Communication Request Form and submit the request to our Privacy Officer. We will accommodate all reasonable requests.

Personal Representatives. You may exercise your rights through a personal representative who will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain the discretion to deny access to your PHI to a personal representative who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Complaints/Contact Information. If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to our Privacy Officer, 35 Goodwin Drive, Festus, Missouri 63028; phone number (636) 933-4141. You also have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. **The Practice will not intimidate, threaten, coerce, discriminate against you for filing a complaint or otherwise exercising legal rights set forth in this Notice, our Privacy Policy or applicable law.**