

# Carrboro Pediatrics and Internal Medicine

## Notice of Privacy Practices - Patient Summary

**Effective Date: 2026-04-01**

This notice explains **how your medical information may be used and shared and how you can access your information.**

### Our Commitment to Your Privacy

We understand that your health information is personal. Carrboro Pediatrics and Internal Medicine is committed to protecting the privacy and security of your **Protected Health Information (PHI)**.

We are required by law to:

- Protect the privacy of your health information
- Provide you with this notice explaining our privacy practices
- Notify you if a breach occurs that may affect your information
- Follow the terms of this notice

### How We May Use or Share Your Health Information

We may use or disclose your health information for the following purposes:

#### Treatment

To provide and coordinate your medical care.

Example: Doctors, nurses, and specialists involved in your care may review your medical records to provide treatment.

#### Payment

To bill and receive payment for services.

Example: We may share information with your health insurance plan to process claims.

#### Health Care Operations

To run our practice and improve patient care.

Example: We may review records to improve quality, train staff, or manage our practice.

#### Appointment Reminders and Health Information

We may contact you to:

- Remind you about appointments
- Provide information about treatment options
- Inform you about health-related services

#### Family and Caregivers

We will not share any relevant information with family members, caregivers, or others involved in your care or payment for your care without your consent.

#### As Required by Law

We may share your information when required by federal or state law, including:

- Public health reporting
- Law enforcement requests
- Workers' compensation claims
- Court orders or legal processes

#### Public Health and Safety

We may disclose information to prevent a serious threat to your health or the safety of others.

# Your Rights Regarding Your Health Information

You have the right to:

## **Access Your Records**

Request to review or receive a copy of your medical records in paper or electronic format.

## **Request Corrections**

Ask us to correct information in your medical record if you believe it is incorrect or incomplete.

## **Request Restrictions**

Ask us to limit how your information is used or shared.

## **Request Confidential Communication**

Ask us to contact you in a specific way (for example, at a different phone number or address).

## **Get a List of Disclosures**

Request a list of certain disclosures of your health information made during the past six years.

## **Receive a Paper Copy**

You may request a paper copy of this notice at any time.

## **Breach Notification**

If a breach occurs involving your health information, we will notify you as required by law and explain the steps you can take to protect yourself.

## **Changes to This Notice**

We may update this notice from time to time. The current version will always be available at our office and upon request.

## Questions or Complaints

If you have questions or believe your privacy rights have been violated, please contact:

### **Carrboro Pediatrics and Internal Medicine**

127 Fidelity St. Carrboro, NC 27510

Phone: (919) 933-8381

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**. Filing a complaint will not affect your care in any way.