

<b>PROMISE PEDIATRICS</b>
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<b>Notice of Privacy Practices</b>
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<p><b>THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (or YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.</b></p> <p><b>PLEASE REVIEW IT CAREFULLY.</b></p>
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**Uses and Disclosures**

- *Treatment.* Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. Promise Pediatrics may disclose medical information about you to doctors, nurses, technicians, or others who are involved in your care. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- *Payment.* Your health information may be used to seek payment from your health plan, from other sources of coverage such as an insurance company, a credit card company, or another third party that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated, or about a treatment you are going to receive in order to obtain prior approval for payment for such treatment.
- *Health Care Operations.* Your health information may be used as necessary to support the day-to-day activities and management of Promise Pediatrics, such information may also be used for other operations of Promise Pediatrics, such as for peer review, performance improvement, risk management, and our compliance with licensure, accreditation, or certification requirements. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- *As Required By Law.* Your health information may be used when such disclosure is required by federal, state, or local laws or by valid order from any appropriate judicial or administrative entity. Such disclosures may include those to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
- *Public Health Risks.* Your health information may be used for certain public health and/or safety matters. Such use includes the disclosure of health information to proper agencies when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Examples include the reporting of child abuse or neglect, preventing or controlling disease, injury or disability, or reporting reactions to medications or problems with medical products.
- *Health Oversight Activities.* Your health information may be disclosed to a health oversight agency for activities authorized by law or FDA regulated products. These health oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health-care system, government programs, and compliance laws.
- *Plan Sponsor Activities.* Your health information may be disclosed to a group health plan, or a health insurance issuer or HMO with respect to a group health plan for plan administration functions.

1 In this Notice, “Your” will refer to the individual receiving treatment from Promise Pediatrics, LLC. as well as the Parent and/or Guardian responsible for such individual.

- *Appointment Reminders.* Your health information may be used in order to contact you and remind you of an appointment for treatment or medical care.
- *Treatment Alternatives.* Your health information may be used to inform you about or recommend possible treatment options or alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.
- *Family and Friends.* Your health information may be disclosed, subject to your objection, to a family member, friend or other individual to the extent that such disclosure is necessary to provide you treatment or for payment of care. If you are unavailable, incapacitated or in an emergency situation, Promise Pediatrics may disclose limited information to these persons if Promise Pediatrics determines disclosure is in your best interest.
- *Coroners, Medical Examiners, and Funeral Directors.* Your health information may be disclosed to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or as necessary to enable the parties to carry out their duties according to law.
- *Other Uses and Disclosures Require Your Authorization.* Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Individual Rights**

Under Federal Privacy Standards, you have the following rights regarding your health information that Promise Pediatrics maintains, including:

- \***Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. You may obtain a form to request access by sending a letter to the address at the end of this notice. If you request copies, Promise Pediatrics, will charge you a fee for copying and postage if you want the copies mailed to you.
- \***Right to Amend.** You have the right to request an amendment of your health information maintained by Promise Pediatrics, if you determine that such health information is inaccurate or incomplete. Your request must be made in writing to Promise Pediatrics, and explain the information which you determined requires amendment. Promise Pediatrics may deny your request for amendment, such as when Promise Pediatrics, did not create the information you wish to amend.
- \***Right to Request Restrictions.** You have the right to request a restriction or limitation on your health information maintained or disclosed by Promise Pediatrics regarding your treatment, payment or health care operations. You also have the right to request a limit on your health information that Promise Pediatrics discloses to someone involved in your care, treatment, or payment for care, such as a family member or friend Promise Pediatrics is not required to agree to your request for restrictions. If Promise Pediatrics agrees, we will comply with such request unless such information is needed to provide you emergency treatment.

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**\*Right to Receive Confidential Communications.** You have the right to request that Promise Pediatrics communicate with you regarding matters of your care or treatment by alternative means or at alternative locations. For example, you may request that Promise Pediatrics only contact you at home or through mail. Promise Pediatrics will accommodate reasonable requests whenever feasible.

**\*Right to Receive an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" from Promise Pediatrics which will notify you of the disclosures that have been made about you for purposes other than treatment, payment, and health care operations, or other disclosures which have been authorized by you. Your request for such an accounting must be made in writing to Promise Pediatrics.

**\*Right to Receive a Paper Copy of This Notice.** Upon your request, Promise Pediatrics will provide you with a paper copy of this Notice, even if you have already received a paper copy or electronic copy of this Notice as is available on Promise Pediatrics' website.

### **Promise Pediatrics, LLC. Duties**

- Promise Pediatrics is required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.
- Promise Pediatrics also is required to abide by the privacy policies and practices that are outlined in this notice.

### **Right to Revise Privacy Practices**

- As permitted by law, Promise Pediatrics reserves the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations.
- Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Complaints**

- If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Promise Pediatrics, LLC  
375 Boynton Drive

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Ringgold, GA 30736

- If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

### **Contact Person**

- The name and address of the person you can contact for further information concerning our privacy practices are:

Promise Pediatrics, LLC  
375 Boynton Drive  
Ringgold, GA 30736  
Attn: Christine Baughman  
Phone: 706-937-3331

### **Effective Date**

- This Notice of Privacy Practices is effective on or after July 25, 2012.  
(Rev 9/2019)

Last Updated: 03/12/2025
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