Welcome To
Kennesaw Pediatrics
Your Home for Pediatric Healthcare!

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Notice of Privacy Practices

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. If you have any questions about this notice, please contact: Privacy Officer, Kennesaw Pediatrics, P.C., 3745 Cherokee Street NW, Ste. 401 Kennesaw, GA 30144. This notice describes the privacy practices at Kennesaw Pediatrics, P.C..

We are required by law to:
-Maintain the privacy of protected health information
-Give you this notice of our legal duties and privacy practices regarding your health information
-Follow the terms of the notice currently in effect

How we may use and disclose your health information: Described as follows are the ways we may use your information. Except for the following purposes we will use and disclose your health information only with your permission. You may revoke such permission at any time by writing to: Privacy Officer, Kennesaw Pediatrics, P.C., 3745 Cherokee Street NW, Ste. 401, Kennesaw, GA 30144.

Treatment: We may use and disclose your health information for your treatment and to provide you with treatment-related healthcare services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside of our office, who are involved in your medical care and need the information to provide you with medical care.

Payment: We may use and disclose your health information so that others or we may bill and receive payments from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your information to your health plan so that they will pay for your treatment.

Healthcare Operations: We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their healthcare operation activities.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services: We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives, or health-related benefits and services you could use.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share your health information with a person involved in or paying for your care (such as your family or a close friend). We may notify your family about your location, condition, or disclose such information to an entity assisting in disaster relief.

Research: We may use or disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research as long as they do not remove or copy and of your health information.

As required by law, we will disclose your health information when required to do so by the international, federal, state, or local law.

To Advert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

Business Associates: We may use or disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purposed than appears on their contract with us.

Military and Veterans: If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military, we may release your health information to the foreign military command authority.

Worker's Compensation: We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Signature: _____ **Patient Name:** _____ **Date:** _____