

Pediatric Partners

Notice of Privacy Practices

Effective: July 1, 2007

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pediatric Partners understands that your information is highly personal and Pediatric Partners is committed to safeguarding your protected health information. Please read this Notice of Privacy Practices thoroughly. Pediatric Partners is required by law to maintain the privacy of individually identifiable patient health information. This information is "protected health information" and is referred to in this Notice as "PHI" to provide you with an explanation of how we handle your information. We will only use or disclose your PHI as permitted or required by applicable state or federal law. Pediatric Partners can help you understand our privacy practices and your rights.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

Treatment: Pediatric Partners will use and disclose your PHI to those who have a legitimate need for such information in the provision and coordination of your health care which may include physicians, nurses, technicians, students or other health care providers. This information is provided to carry out treatment functions at Pediatric Partners, which includes consultations or referrals with other providers or agencies. PHI may be used or disclosed to obtain X-rays, laboratory work, surgical information or other ancillary services related to your treatment.

Treatment Alternatives and Health Promotion Activities:

Pediatric Partners may use and disclose your PHI to inform you of, and assist you in, identifying and obtaining resources, or recommend possible treatment options, alternatives, or other health related benefits and services that will be of interest to you. The communication will explain how the product or service relates to your well being and can improve your health. Pediatric Partners may use your name and address to send you newsletters or general communications. These materials are sent only to persons who are listed by Pediatric Partners' database.

After Discharge: Pediatric Partners may also disclose your medical information to providers of health care services outside Pediatric Partners who will be involved in your medical care after discharge or to others such as family members or other caregivers who are involved in the payment of the services that you have received.

Payment: Pediatric Partners will use and disclose PHI about you for our payment purposes to insurance companies and companies that we engage in obtaining payment for care for items such as: determining coverage, eligibility, billing, and reimbursement. Pediatric Partners may provide limited information for the billing purposes of other providers involved in your medical care, such as child care providers that need

information to provide appropriate changes for you or to emergency medical services staff.

Health Care Operations: Pediatric Partners will use and disclose your PHI during routine health care operations including assessments, evaluations, and improvement activities; utilization review; activities to coordinate your care; legal, regulatory, accreditation and licensure activities; reviewing the performance or qualifications of therapy providers for credentialing and evaluation purposes; conducting training and education programs; and medical review.

Appointment Reminders: Pediatric Partners may use and disclose PHI to contact you as a reminder that you have an appointment at/with Pediatric Partners.

Family and Care Providers: Unless you object, Pediatric Partners may disclose PHI about you to a friend, a relative, or other party, such as daycare provider, teacher, or other persons, who are involved in your daily care, medical care or to someone who helps you pay for your care. We will disclose such information as deemed medically necessary. Pediatric Partners may disclose your PHI for notification purposes, for example if your condition changes during your care period. You can request a limitation or restriction on the disclosure of your PHI for some or all of your friends, relatives, or other party involved in your care.

Disaster Relief: Unless you request a restriction or limitation, we may disclose your medical information to a public or private entity authorized by law or by charter to assist in disaster relief efforts.

Law Enforcement Purposes: Pediatric Partners will disclose your PHI for law enforcement purposes, such as responding to a court order or subpoena, identifying a suspect or a missing person, or providing information about a crime victim or criminal conduct.

Required by Law: Pediatric Partners will disclose PHI about you when required to do so by federal, state or local law. Such examples could be for the purposes of reporting of infectious diseases, neglect and abuse as required by law. Pediatric Partners is also required to collect and/or provide information for judicial and administrative proceedings, and specialized governmental functions, to process Worker's Compensation claims, for vital statistics purposes, and to health oversight agencies. Pediatric Partners will abide by the most stringent state and federal laws.

Health or Safety: Pediatric Partners will use and disclose PHI to avert a serious threat to the health and safety of a person or the public.

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Marketing/Advertisement: Pediatric Partners does not share your PHI with companies that sell health care products or services. Pediatric Partners does use your name or family members to contact for marketing and/or advertisement purposes. Your consent will be requested in these instances to ensure your PHI is properly protected and confidentiality is maintained by Pediatric Partners.

Other Uses: Any other uses or disclosures will be made only with your written authorization.

PATIENT HEALTH INFORMATION RIGHTS:

Although all records concerning your treatment obtained at Pediatric Partners are property of Pediatric Partners, you have the following rights concerning your PHI:

Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Pediatric Partners only contact you at work or by mail.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations functions; or
- To family members, relatives close personal friends or other individuals involved in your care.

Pediatric Partners will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy: With some exceptions you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Pediatric Partners may be required to deny your request. Copying requires that you pay a reasonable copying charge.

Right to Amend: With some exceptions you have the right to request an amendment of your PHI for as long as Pediatric Partners maintains the information.

Right to an Accounting: With some exceptions you have a right to receive an accounting of certain disclosures of your PHI that Pediatric Partners has made.

Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

SHARING AND JOINT USE OF YOUR HEALTH INFORMATION:

In the course of providing care to you and in furthering Pediatric Partners' mission to provide the best comprehensive care. Pediatric Partners will share your PHI with other organizations, as described below, who have agreed to abide by the terms described in this Notice.

Joint Providers with DDCM: Pediatric Partners and DDCM (DD Case Management) assist in providing health care arrangements for families that may require or have the need

for additional services for you. DDCM also uses your PHI for treatment, and/or for the health care operations permitted by law with respect to our mutual patients.

Business Associates: Pediatric Partners will share PHI with Business Associates that are contracted to perform business functions for Pediatric Partners. These arrangements require Business Associates to keep your information confidential.

Medical Staff: Pediatric Partners participates with area medical staff in an organized health care arrangement to deliver care to you.

Affiliations: Pediatric Partners is affiliated with the following health care organizations and associated hospital-based services and will share your PHI for the purposes of your treatment, payment and health care operations of this organization: *HealthCare Network Providers*

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Pediatric Partners. All complaints must be submitted in writing directly to Pediatric Partners' Privacy Officer at 3003 32 Avenue South, Fargo, North Dakota 58103. Pediatric Partners assures you that there will be no retaliation for filing a complaint.

FURTHER INFORMATION

To obtain additional information, please contact Pediatric Partners' Privacy Officer at (701) 232.2340.

CHANGES TO THIS NOTICE:

Pediatric Partners will abide by the terms of the notice currently in effect for PHI in our possession including medical records generated by us. Pediatric Partners reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. You will receive the most current Notice at your next scheduled visit. We are required to post this Notice in a prominent location within our facilities.