KAPLAN BARRON PEDIATRIC GROUP

NOTICE OF PRIVACY PRACTICES (HIPAA)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Kaplan Barron Pediatrics PSC and any affiliated entities ("Practice"). The Practice provides health care services to your child and is committed to protecting the privacy and security of your child's protected health information ("PHI").

Protected health information is information about your child, including demographic information (such as name, address, and date of birth), that may identify your child and relates to your child's past, present, or future physical or mental health condition and related health care services.

While your child is a patient of the Practice, we create records of the health care services provided to your child. These records contain PHI. We need these records to provide quality health care services and to comply with legal requirements.

We are required by law to:

- Maintain the privacy of your child's PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

A. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOUR CHILD

The following categories describe the ways we may use and disclose PHI about your child. Not every use or disclosure in each category is listed; however, all of the ways we use and disclose PHI will fall into one of these categories.

1. Treatment

We may use or disclose PHI about your child to provide, coordinate, or manage your child's health care services. We may disclose PHI to other health care professionals and providers involved in your child's care.

2. Payment

We may use or disclose PHI about your child so that services may be billed and payment may be collected from you, your insurance company, or a third party. For example, we may provide your child's health plan with information about services provided to obtain payment or to determine coverage.

3. Health Care Operations

We may use or disclose PHI about your child for Practice operations. For example, we may use information to evaluate the quality of care, improve services, train staff, conduct audits, and manage our business operations.

4. Other Permitted Uses and Disclosures

Business Associates:

Some services are provided through contracts with business associates (such as consultants, billing companies, attorneys, or record storage vendors). We may disclose PHI to business associates as needed to perform their work. Business associates are required by law and contract to safeguard PHI.

Individuals Involved in Your Child's Care or Payment:

We may disclose PHI to a family member, close friend, or another person involved in your child's care or payment, unless you object. We will disclose only the information relevant to their involvement. You may object at any time unless disclosure is needed for emergency circumstances.

Required by Law:

We may disclose PHI when required by federal, state, or local law, and only as permitted by law.

Public Health Activities:

We may disclose PHI to public health authorities for purposes such as prevention or control of disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of product recalls; and notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease.

Abuse, Neglect, or Domestic Violence:

We may disclose PHI to appropriate government authorities if we believe your child is a victim of abuse, neglect, or domestic violence, as required or permitted by law.

Health Oversight Activities:

We may disclose PHI to a health oversight agency for activities such as audits, investigations, inspections, and licensure.

Judicial or Administrative Proceedings:

We may disclose PHI in response to a court order, subpoena, discovery request, or other lawful process, as permitted under HIPAA and applicable law.

Law Enforcement:

We may disclose PHI to law enforcement officials as permitted by law, including in response to a court order, subpoena, warrant, or summons; to identify or locate a suspect, fugitive, witness, or missing person; about a victim of a crime under limited circumstances; about a death suspected to be the result of criminal conduct; or to report a crime in emergency circumstances.

Coroners, Medical Examiners, and Funeral Directors:

We may disclose PHI to coroners or medical examiners to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors as needed to carry out their duties.

Organ and Tissue Donation:

If your child is an organ donor, we may disclose PHI to organizations involved in organ procurement or transplantation.

Research:

We may disclose PHI to researchers when required privacy safeguards are in place and approval is obtained as required by law.

To Prevent a Serious Threat to Health or Safety:

We may disclose PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of your child, another person, or the public.

Specialized Government Functions:

We may disclose PHI to authorized federal officials for intelligence, national security, and other lawful activities. If your child is in the armed forces, we may disclose PHI as required by military authorities. If your child is incarcerated or in custody, we may disclose PHI to correctional institutions or law enforcement as permitted by law.

Workers' Compensation:

We may disclose PHI as authorized by workers' compensation or similar programs.

Health-Related Benefits and Services:

We may use or disclose PHI to provide appointment reminders, treatment alternatives, or other health-related benefits or services.

Electronic Storage and Transmission:

We may maintain and transmit PHI electronically. PHI may be shared through secure health information systems, networks, or electronic exchanges as permitted by law.

Data Breach Notification Purposes:

We may use your contact information to provide legally required notifications in the event of a breach of unsecured PHI, in accordance with HIPAA and applicable law.

B. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOUR CHILD

Although your child's medical record is the property of the Practice, the information belongs to you (or in some circumstances, your child). You have the following rights regarding PHI about your child. IMPORTANT: These rights may not apply in certain circumstances. Please see Section D below.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose PHI about your child. For example, you may request that we not disclose certain information to specific individuals. We are required to agree to your request if the disclosure is to a health plan and the PHI relates solely to a health care item or service for which you paid out of pocket in full. Otherwise, we are not required to agree. If we do agree, we will comply unless the information is needed for emergency treatment. Requests must be submitted in writing.

Right to Request Confidential Communications

You have the right to request confidential communications at an alternate location or by an alternate method. Requests must be submitted in writing and must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Inspect and Copy

With limited exceptions, you have the right to inspect and obtain a copy of your child's PHI. Requests must be made in writing to the Practice's Privacy Officer. We may charge a reasonable fee as permitted by law for copying, mailing, or supplies. You may also request an electronic copy when available.

Right to Amend

If you believe PHI in your child's record is incorrect or incomplete, you may request an amendment. Requests must be in writing and must include a reason. We may deny your request under certain circumstances permitted by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your child's PHI made by the Practice, excluding disclosures made for treatment, payment, or health care operations. Requests must be in writing and may not exceed a six-year period. The first request in a 12-month period is free; additional requests may involve a fee.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice even if you agreed to receive it electronically. You may request a copy at any time. This Notice is also available at kaplanbarron.com.

C. OTHER USES AND DISCLOSURES

Other uses and disclosures not covered by this Notice or applicable law will be made only with your written authorization. You may revoke your authorization in writing at any time, except that we cannot take back disclosures already made based on your authorization.

D. SPECIAL LIMITS ON YOUR RIGHT TO ACCESS INFORMATION

Abuse, Neglect, or Endangerment Situations: We may elect not to disclose information about health care services provided to your child if we reasonably believe your child has been or may be subjected to abuse, neglect, or domestic violence by you, or disclosure could endanger your child, and we determine disclosure is not in your child's best interest.

When the Child Has the Right to Make Health Care Decisions: We may not disclose information to you if your child is an adult or emancipated minor, or if your child may legally consent to care without parental consent, or confidentiality is required by law.

When Local Law Restricts Disclosure: We may not disclose information if state or other law prohibits disclosure or if we determine disclosure is not in your child's best interest and no law guarantees access.

E. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Any changes will apply to PHI we already have as well as PHI created in the future. The revised Notice will contain a new effective date. Copies will be available at the Practice and on our website.

F. COMPLAINTS

If you believe your child's privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

G. BREACH NOTIFICATION

In the event of a breach of unsecured PHI, we will comply with HIPAA/HITECH breach notification requirements and will notify you as required by law.

H. CONTACTING US

To request additional copies of this Notice or to receive more information about our privacy practices or your rights, contact:

Kaplan Barron Pediatric Group

4117 Browns Lane

Louisville, Kentucky 40220

Attention: HIPAA Privacy Request

I. EFFECTIVE DATE

This Notice is effective as of January 1, 2026.

J. ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have been provided a copy of the Practice Notice of Privacy Practices.

_____

Individual (Print Name)

OR

_____

Individual's Representative (Print Name and Relationship)

_____

Individual Signature

OR

_____

Individual's Representative Signature

_____

Date

FOR PRACTICE USE ONLY

If an acknowledgment signature could not be obtained, document the good faith effort to obtain the acknowledgment signature and the reason it was not obtained:

_____

_____

_____

_____

By (Practice Representative): _____

Date: _____