



# Totality

## PEDIATRICS

# HIPAA Notice of Privacy Practices

Effective Date: January 1, 2026

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## Growing Together: Protecting Your Family's Health Information

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

*Here for your family's journey—every step, every stage. From newborn snuggles to teenage triumphs, we're committed to keeping your health information safe and secure.*

If you have any questions about this notice, please contact us at [Your Phone Number]. We're here to help!

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## OUR PROMISE TO YOUR FAMILY

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms outlined in this current notice

*Growing together means building trust together. Your family's privacy is sacred to us.*

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## HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

The following describes how we may use and share health information that identifies you or your child. Except for the purposes described below, we will only use and share your health information with your written permission. You may revoke this permission at any time by writing to our Privacy Officer.

### For Treatment

We may use and share your health information to provide the best possible care for your family. For example, we may share information with doctors, nurses, specialists, or other healthcare providers involved in your child's care—whether they're part of our practice or working with us from other locations.

*Every step, every stage of your child's health journey matters to us.*

### **For Payment**

We may use and share health information so that we or others can bill and receive payment from you, your insurance company, or other parties for the treatment and services your family receives. This helps us continue providing excellent care for growing families like yours.

### **For Healthcare Operations**

We may use and share health information for healthcare operations. These activities help ensure all our patients receive quality care and help us operate our practice effectively. We may also share information with other entities that have a relationship with you (like your health plan) for their healthcare operations.

### **Appointment Reminders and Health Information**

We may use your contact information to remind you about upcoming appointments and to share information about treatment options or health-related services that might benefit your family.

*Here for your family's journey—including those important check-ups and wellness visits.*

### **Family Members and Friends Involved in Care**

When appropriate, we may share health information with family members, close friends, or others involved in your child's medical care or payment for care. We may also notify family about your location or general condition, or share information with disaster relief organizations.

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## **SPECIAL SITUATIONS**

### **As Required by Law**

We will share health information when required by international, federal, state, or local law.

### **To Prevent Serious Threats**

We may use and share health information when necessary to prevent serious threats to health and safety—protecting not just your family, but our entire community.

### **Business Partners**

We may share health information with trusted business associates who help us serve your family better—like billing companies or IT support. All our partners are required to protect your information just as

carefully as we do.

## **Research**

Under certain circumstances, we may use health information for research that could benefit families everywhere. Any research use requires special approval and strict privacy protections.

## **Other Special Situations Include:**

- Organ and tissue donation
- Military and veterans' affairs
- Workers' compensation
- Public health activities
- Health oversight activities
- Legal proceedings
- Law enforcement (when required)
- Coroners and funeral directors
- National security activities
- Correctional institutions

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## **WHEN WE NEED YOUR PERMISSION**

### **Marketing and Sales**

We will only use your health information for marketing purposes or in situations that constitute a "sale" of your information with your written authorization.

### **Other Uses**

Any other uses not covered in this notice will only be made with your written permission. You can revoke this permission at any time by writing to our Privacy Officer.

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## **YOUR FAMILY'S RIGHTS**

*Growing together means empowering you with knowledge about your rights.*

### **Right to See and Copy Records**

You have the right to inspect and copy health information used to make decisions about care or payment. We'll provide this within 30 days of your written request and may charge reasonable copying fees.

### **Right to Electronic Copies**

If we maintain electronic health records, you can request electronic copies for yourself or to share with other providers.

## **Right to Know About Breaches**

You have the right to be notified if any of your health information is ever accessed or disclosed inappropriately.

## **Right to Request Changes**

If you believe health information we have is incorrect or incomplete, you may request amendments in writing.

## **Right to an Accounting**

You can request a list of certain disclosures we've made of your health information for purposes other than treatment, payment, and healthcare operations.

## **Right to Request Restrictions**

You may ask us to limit how we use or share your health information. While we're not required to agree to all requests, we will honor restrictions on information you've paid for out-of-pocket if you don't want it shared with your health plan.

## **Right to Confidential Communication**

You can request that we communicate with you in specific ways or at certain locations. We'll accommodate reasonable requests.

## **Right to a Paper Copy**

You always have the right to a paper copy of this notice, even if you've agreed to receive it electronically.

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## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and apply new terms to all health information we maintain. We'll post our current notice in our office, and it will show the effective date in the top right corner.

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## **QUESTIONS OR CONCERNS?**

*Here for your family's journey means being here when you need us most.*

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services.

**To file a complaint with us:** Contact (864) 883-9737

**All complaints must be in writing**

**You will not be penalized for filing a complaint**

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*From newborn snuggles to teenage triumphs, we're honored to be part of your family's healthcare journey.  
Thank you for trusting us with what matters most.*

**Contact Information:**

Totality Pediatrics

1026 Powdersville Rd., Suite B, Easley, SC, 29642

(864) 883-9737

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**Acknowledgment of Receipt**

I acknowledge that I have received a copy of this Notice of Privacy Practices.

**Patient/Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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