

**Children's Mercy -
Premier Pediatrics, Inc.**
8675 College Boulevard, Suite 100
Overland Park, KS 66210
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Privacy Practices

Premier Pediatrics, Inc., has established a procedure to address concerns regarding patient privacy issues. Our policy describes how medical information about Premier Pediatrics patients may be used and disclosed, and how you can get access to this information. If you have questions about our policy, let us know.

Doctors, nurses, and other caregivers may gather information about your medical history and health during your visit to our clinic. Your designated record set (DRS) will consist solely of the information we obtain from you at this current office, not any past medical records. This policy explains how such information may be used and shared with others. It also explains privacy rights regarding this kind of information.

Most patients of this clinic are children. When we refer to “you” or “your” in this policy, we refer to the patient. Likewise, when we refer to types of disclosures of information to “you,” we mean disclosures to the patient, the patient’s guardian or the person legally authorized to receive information about the patient.

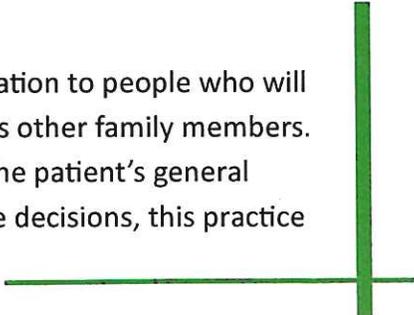
Medical information may be used for the following purposes:

Treatment: We may use and disclose the patient’s information to receive payment for the services we provide. For example, we will disclose information such as diagnosis and treatment plan to insurance companies.

Health Care Operations: We may use the patient’s information to support certain activities related to the quality of the care you receive at Premier Pediatrics. For example, we may gather information about patient visits, or gather feedback on practices in the office in the form of surveys.

Appointment Reminders and Other Health Information: We may use information to remind you of future appointments. Information may be used to provide information about treatment alternatives or other health related services that may be of interest.

Family Members or Other Responsible People: We may disclose information to people who will be taking care of the child or are responsible for paying the bills, such as other family members. We may also use information to let other family members know what the patient’s general medical condition is. If the patient is able to make their own health care decisions, this practice



will ask their permission before using medical information for these purposes. If the patient is unable to make health care decisions, this clinic will disclose relevant medical information to family members or other responsible people if we feel it is in the patient's best interest to do so. For example, we may provide limited medical information to allow another family member to pick up medical records.

Emergency Conditions: We may use the patient's information in the event of an emergency treatment situation.

Substance Use Disorder Record (SUD): We may have certain records related to substance use disorder (SUD) treatment that are protected by federal law. These records have special confidentiality protections in addition to HIPAA. With your written consent, we may disclose your substance use disorder treatment records for the purpose of treatment, payment and health care operations only if you provide your consent in writing. You may also remove this consent at any time in writing as well. In certain situations, such as for medical emergencies, public health reporting, audits/evaluations, and research as it is allowed under HIPAA and federal regulations, we may disclose the information without your consent in these limited circumstances as permitted by law. Federal law prohibits the redisclosure of these records unless you provide written consent or the disclosure is otherwise permitted as stated above. You do have the right to receive an accounting of disclosures of your Substance Use Disorder records, you have the right to request restrictions on certain disclosures, and you have the right to revoke your consent for sharing your Substance Use Disorder records at any time.

Other Uses or Disclosures: There are some other times when a patient's information may be disclosed. Just a few examples include: when required by law, for public health activities relating to victims of abuse/neglect/domestic violence, for health oversight situations, for judicial and administrative proceedings to the extent permitted by law (with proper consent), for law enforcement purposes as permitted or required by law, to coroners/medical examiners/funeral directors as permitted by law, for organ donation purposes (with proper consent), or to avert a serious threat to health or safety.

Privacy Rights

Right To Restrict Use Disclosure: You may request that this practice not use medical information in certain ways or for certain purposes. You may also request that this practice not provide medical information to certain people. However, this practice has the right to refuse your request.

Right To Confidentiality: You may request that Premier Pediatrics provides you with your medical information in a confidential manner. For example, you can request that we send bills and other mailings to a different address or that we call appointment reminders to a different

phone number. You must make this request in writing and specify another address or phone number. We will accommodate reasonable requests.

Right To Inspect and Obtain Copies: You may ask to see and obtain copies of medical records, unless that information is protected by law. We will only send information from your designated records set from this office, not any records given to this practice from former practices. The request must be in writing with signature consent. IF we deny the request, you have the right to have the denial reviewed by your health care professional. We will act upon your request within 30 days.

Right To Amend Medical Records: You may ask us to amend information in the patient's medical records. If your request is denied, you can write a statement of disagreement with the denial that we will keep with your medical information.

Right To An Accounting of Disclosures: You may ask us to provide you with information about certain disclosures of your medical information we have made.

Right To A Paper Copy: If you are viewing this Policy on our website, we will provide you with a printed copy of this Policy upon your request.

If you feel your medical information privacy rights have been violated, please contact your health care provider. IF your concern remains unresolved, a complaint may be filed with the Secretary of Health and Human Services and/or with the practice's office administrator. Filing a complain will not affect the quality of the services you received from this practice and you will not be retaliated against for filing a complaint.

The effective date of this Notice is February 16, 2026. This practice is required to abide by the terms of this Policy. Premier Pediatrics reserves the right to change the terms of this Policy and make new provisions effective for all protected health information maintained by this practice. If the terms of this Policy are changed, this practice will provide individuals with a revised Privacy Policy upon request. The revised Policy will be available as a handout in the patient waiting area and will also be posted on the practice website.