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## NOTICE OF PRIVACY PRACTICES

*Effective Date: June 2026*

**This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.**

### Our Commitment to Your Privacy

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At Cornerstone Pediatrics, protecting your child's health information is a responsibility we take seriously. In the course of providing care, we create and maintain medical records describing your child's health history, diagnoses, treatment, and services received. Federal law — the Health Insurance Portability and Accountability Act (HIPAA) — requires us to keep this information confidential, to follow the terms of this Notice, and to notify you in the event of a breach of unsecured health information.

We reserve the right to update this Notice at any time. Changes will apply to all health information we hold, past and present. The most current version will always be posted in our office and on our website, and is available to you upon request.

Questions about this Notice?

Contact our Privacy Officer:

**Cornerstone Pediatrics Practice Manager • (757) 410-9600**

### How We May Use and Disclose Your Child's Health Information

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The following describes the ways in which Cornerstone Pediatrics may use or share your child's protected health information (PHI).

#### **Treatment**

We use your child's health information to provide and coordinate care. This includes sharing information among our care team, ordering lab tests, writing prescriptions, and communicating with specialists, pharmacies, hospitals, or other providers involved in your child's treatment.

#### **Payment**

We use health information to bill your insurance and collect payment for services. This includes verifying eligibility, submitting claims, and communicating with your insurer about the care provided. We may also bill you directly for any balance owed, and may share information with other providers to assist in their billing.

#### **Health Care Operations**

We may use health information to support the day-to-day operations of our practice, including quality improvement, staff training, and business planning. This information is never used or shared in ways that compromise your child's privacy.

#### **Appointment Reminders and Health Communications**

We may contact you to remind you of upcoming appointments, share test results, or provide information about health services or programs relevant to your child's care — including by phone, text, or patient portal message.

## Family Members and Caregivers

We may share relevant health information with a parent, legal guardian, or other person directly involved in your child's care or payment, unless you have told us otherwise or law restricts this. Virginia law governs the release of information for emancipated minors or minors who have legally consented to their own care.

## Clinical Documentation Technology

Cornerstone Pediatrics uses secure, AI-assisted audio technology to support clinical note-taking during visits. This technology is used solely to help your child's provider create accurate medical documentation. All information captured is protected under HIPAA and subject to the same privacy standards as all other health information. You may decline this technology at any time without affecting your child's care.

## As Required by Law

We will disclose health information when required to do so by federal, state, or local law.

## Special Circumstances

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In the following situations, we may use or disclose your child's health information without your written authorization:

- **Public health and safety** — Reporting communicable diseases, births, deaths, suspected abuse or neglect, medication reactions, or other matters required by public health authorities
- **Health oversight** — Supporting government audits, inspections, or investigations of the health care system
- **Legal proceedings** — Responding to a court order, subpoena, or other lawful legal process
- **Law enforcement** — Responding to law enforcement requests as permitted or required by law, including reporting crimes
- **Serious threats** — Preventing or reducing a serious and imminent threat to the health or safety of your child or others
- **Workers' compensation** — As authorized and required by applicable law
- **Organ and tissue donation** — To facilitate organ or tissue donation if your child is a registered donor
- **Research** — When an authorized review board has determined that privacy is adequately protected and the research could not practicably be conducted otherwise
- **Military and national security** — As required by appropriate military or federal authorities
- **Deceased patients** — To a medical examiner, coroner, or funeral director in the event of death
- **Inmates** — To correctional institutions or law enforcement if your child is in custody, as necessary for health care or safety

## Substance Use Disorder (SUD) Records

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Federal law under 42 CFR Part 2 provides additional protections for records related to substance use disorder treatment. If your child's care involves any SUD-related information, that information receives heightened protection beyond standard HIPAA requirements.

SUD records may only be used or disclosed with your written consent, except in limited circumstances such as a medical emergency, authorized research, or as required by court order. You may provide a single written consent covering all future uses and disclosures of SUD information for treatment, payment, and health care operations — and you may revoke that consent at any time in writing. Any SUD information disclosed with your consent will include a notice prohibiting re-disclosure without your further written authorization.

## Uses and Disclosures That Require Your Written Authorization

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We will obtain your written authorization before using or disclosing your child's health information in any way not described in this Notice, including for marketing purposes or the sale of health information. You may revoke any authorization at any time in writing. Revocation will not affect actions we took in good faith before receiving your written request.

## Your Rights Regarding Your Child's Health Information

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You have the following rights with respect to your child's protected health information. All requests must be submitted in writing to Cornerstone Pediatrics unless otherwise noted.

### Right to Access and Copies

You may inspect and receive a copy of your child's medical and billing records (excluding psychotherapy notes). We may charge a reasonable fee for copying or mailing. We will respond to most requests within 30 days.

**Right to Request Amendment**

If you believe information in your child's record is inaccurate or incomplete, you may request an amendment with a written explanation. We may deny the request if the information is accurate, was not created by our practice, or is not subject to your right of access.

**Right to Request Restrictions**

You may request that we limit how we use or disclose your child's health information. We are not required to agree to all requests, but if we do agree, we are bound by that agreement except in emergencies or as required by law.

**Right to Confidential Communications**

You may request that we contact you in a specific way or at a specific location (for example, by mobile phone only). We will honor reasonable requests. No explanation is required.

**Right to an Accounting of Disclosures**

You may request a written list of certain disclosures we have made of your child's PHI that were not for routine treatment, payment, or operations. Requests must cover a period no longer than six years. The first accounting each year is provided at no charge; additional requests may incur a fee.

**Right to a Paper Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you previously received it electronically. Contact our office and we will provide one promptly.

**Right to Breach Notification**

If there is a breach of your child's unsecured health information, we are required by law to notify you in a timely manner.

**Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with our office or directly with the U.S. Department of Health and Human Services Office for Civil Rights at [www.hhs.gov/ocr](http://www.hhs.gov/ocr) or by calling 1-800-368-1019. You will not be penalized in any way for filing a complaint.

**Our Duties**

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Cornerstone Pediatrics is required by law to maintain the privacy and security of your child's protected health information. We are required to provide you with this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect. We will notify you if we are unable to agree to a requested restriction. We will accommodate reasonable requests for confidential communications. We will not use or disclose your child's health information in ways not described in this Notice without your written authorization.

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**Questions or concerns? We are here to help.**

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*Cornerstone Pediatrics — Woman-Owned & Veteran-Owned Practice*