KINDER PEDIATRIC URGENT CARE
KPUC LLC d/b/a Kinder Pediatric Urgent Care
Union | Metuchen | Piscataway | Totowa | Jersey City
65 Route 1 South, Metuchen, NJ 08840 | 732-917-4454 | kinderpeds.com

NOTICE OF PRIVACY PRACTICES

KPUC-NPP | Effective September 27, 2026

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

Free communication assistance: Qualified language interpreters, translated information, reasonable modifications, auxiliary aids and services, and information in alternate formats are available free of charge when needed. Call 732-917-4454 or ask any staff member. See Kinder's Notice of Nondiscrimination and Language Assistance at kinderpeds.com for nondiscrimination rights and language-access information.

Who follows this notice

This notice describes the privacy practices of KPUC LLC d/b/a Kinder Pediatric Urgent Care ("Kinder," "we," "us," or "our") at its Union, Metuchen, Piscataway, Totowa, and Jersey City locations. It applies to our workforce and to health care professionals who provide care through KPUC. Contractors and business associates, including Urgent Care Management Partners, LLC, must safeguard protected health information under HIPAA and their written agreements with KPUC.

Children and personal representatives

In most circumstances, a parent or legal guardian exercises the privacy rights of a minor patient. New Jersey and federal law allow some minors to consent to particular services and to control the related information. We will verify the authority of any person asking to act for a patient and will follow applicable confidentiality law and any valid court order or custody restriction provided to us.

Our responsibilities

- We must maintain the privacy and security of your protected health information.
- We must give you this notice, follow the notice currently in effect, and notify affected individuals following a breach of unsecured protected health information.
- We will not use or share your information other than as described here unless you authorize us in writing. You may revoke an authorization in writing, except to the extent we have already relied on it.

How we typically use or share information

Treatment

We may use and share your information to provide, coordinate, or manage care. For example, we may share visit information with your primary care clinician, a specialist, an outside laboratory, a radiologist, a pharmacy, an emergency department, or another treating provider.

Payment

We may use and share your information to bill and obtain payment from health plans and other responsible payers. For example, we may send diagnosis and procedure information to your health plan to support a claim.

Health care operations

We may use and share your information to operate the practice, improve quality, train staff, review professional performance, conduct compliance activities, manage technology and billing, and contact you about your care. We may call a patient's name in a waiting area or use a sign-in process with limited information.

Other permitted or required uses and disclosures

- Public health and safety activities, including disease reporting, product recalls, adverse-event reporting, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.
- Health oversight activities, licensing, audits, inspections, and investigations.
- Research that satisfies applicable legal requirements.

- Organ and tissue donation; medical examiners, coroners, and funeral directors.
- Workers' compensation, law-enforcement requests, and special government functions, when the legal conditions are met.
- Court or administrative orders, subpoenas, and other lawful process, subject to applicable safeguards and more protective laws.
- As otherwise required by law, including disclosures to the U.S. Department of Health and Human Services to verify HIPAA compliance.

Uses requiring written authorization

- Most uses and disclosures of psychotherapy notes, if we maintain them.
- Uses and disclosures for marketing when HIPAA requires authorization.
- A sale of protected health information.
- Other uses or disclosures not described in this notice.

Kinder does not sell patient information. We do not use clinical photographs for advertising, publication, or external teaching without separate written authorization.

Substance use disorder records

Kinder is not a substance use disorder treatment program subject to 42 CFR part 2. To the extent we receive substance use disorder patient records protected by Part 2, we will not use or disclose those records, or testimony describing them, in a civil, criminal, administrative, or legislative investigation or proceeding against the patient without the patient's specific written consent or a qualifying court order accompanied by a subpoena or similar legal mandate.

Records with additional legal protection

Federal or New Jersey law may give additional protection to certain information, including HIV/AIDS, genetic, mental-health, substance-use-disorder, reproductive-health, and records relating to care a minor may lawfully obtain without parental consent. We will use or disclose this information only as permitted by the law that provides the greater protection.

Your rights

Inspect or obtain a copy

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain. We generally will act within 30 days, subject to any extension or different period permitted by law. We may charge only a fee permitted by HIPAA and New Jersey law.

Request a correction

You may ask us to amend information you believe is incorrect or incomplete. We may deny the request in some circumstances, but generally will respond in writing within 60 days, subject to any extension permitted by law.

Request confidential communications

You may ask us to contact you in a particular way or at a different address or number. We will accommodate reasonable requests.

Request restrictions

You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree to most requests. If you pay out of pocket in full for an item or service, we will honor a request not to disclose that information to your health plan for payment or operations unless the law requires disclosure.

Receive an accounting

You may ask for a list of certain disclosures made during the six years before your request. The accounting excludes disclosures for treatment, payment, and operations and other disclosures excluded by law. One accounting in a 12-month period is free.

Receive this notice

You may request a paper copy at any time, including if you agreed to receive it electronically.

Choose a representative

A legally authorized personal representative may exercise your rights. We will verify the person's authority before acting.

Be notified of a breach

We will notify you following a breach of unsecured protected health information as required by law.

Your choices

You may tell us whether to share information with family, close friends, or others involved in care or payment, and whether to share information in a disaster-relief situation. If you cannot tell us your preference, we may share information when we believe it is in your best interest or to lessen a serious and imminent threat.

Complaints and questions

You may complain to Kinder without retaliation. Contact: Privacy Officer, KPUC LLC d/b/a Kinder Pediatric Urgent Care, 65 Route 1 South, Metuchen, NJ 08840; telephone 732-917-4454; email info@kinderpeds.com.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at hhs.gov/ocr/privacy/hipaa/complaints, by mail to 200 Independence Avenue SW, Washington, DC 20201, or by telephone at 1-877-696-6775.

Changes to this notice

We may change this notice and make the revised terms effective for all information we maintain, including information created or received before the revision. A current notice will be available on request, at each Kinder location, and at kinderpeds.com.

Effective date

This notice is effective September 27, 2026 and replaces prior versions.

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ACKNOWLEDGMENT OF RECEIPT

KPUC-NPP-ACK | Effective September 27, 2026

Patient name _____	Date of birth _____	MRN _____
Date of service _____	Location _____	Patient phone _____

Signing acknowledges only that you received or were offered Kinder's Notice of Privacy Practices. It is not consent to treatment and is not an authorization to use or disclose health information.

[ ] I received the Notice of Privacy Practices.

[ ] I was offered the Notice of Privacy Practices and declined a copy.

Electronic acknowledgment

By signing electronically, I acknowledge only that I received or was offered Kinder's Notice of Privacy Practices. My signature is not consent to treatment and is not an authorization for any use or disclosure of health information.

Signature of patient / parent / guardian / authorized representative: _____

Printed name: _____ Relationship to patient: _____

Date: _____ Time: _____ Phone: _____

For office use only

If acknowledgment was not obtained, document the good-faith effort and reason:

Reason: _____

Staff member: _____ Date: _____