

Effective Date of this Notice: April 14, 2003

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Jane Gwin, Privacy Officer
Partners In Pediatrics
919 Jasmine St. #100
Denver, Colorado 80220
303-388-4256**

C. WE MAY USE AND DISCLOSE YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your child's IIHI

- 1. Treatment.** Our practice may use your child's IIHI to treat him/her. For example, we may ask you to have laboratory tests (such as blood or urine tests) performed on your child and we may use the results to help us reach a diagnosis. We might use your child's IIHI in order to write a prescription for your child, or we might disclose your child's IIHI to a pharmacy when we order a prescription for your child. Many of the people who work for our practice, including, but not limited to, our doctors, physician assistants, office administration, medical receptionists, billing administrator, billing employees and medical assistants – may use or disclose your child's IIHI in order to treat your child or to assist others in your child's treatment. Additionally, we may disclose your child's IIHI to others who may assist in their care as long as they are legal guardians. Finally, we may also disclose your child's IIHI to other health care providers for purposes related to their treatment.
- 2. Payment.** Our practice may use and disclose your child's IIHI in order to bill and collect payment for the services and items your child may receive from us. For example, we may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding your child's treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's IIHI to bill you directly for services and items. We may disclose your child's IIHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your child's IIHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's IIHI to evaluate the quality of care your child received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child's IIHI to other health care providers and entities to assist in their health care operations.

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4. Appointment Reminders. Our practice may use and disclose your child's IIHI to contact you and remind you of their appointment.

5. Treatment Options. Our practice may use and disclose your child's IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our practice may use and disclose your child's IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your child's IIHI to a friend or family member that is involved in your child's care. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to your child's medical information.

8. Disclosures Required By Law. Our practice will use and disclose your child's IIHI when we are required to do so by federal, state or local law.

9. Other Patients and Third Parties. Conversations regarding your child's treatment, scheduling, etc. may be overheard.

D. USE AND DISCLOSURE OF YOUR CHILD'S IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your child's identifiable health information:

1. Public Health Risks. Our practice may disclose your child's IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of a child

2. Health Oversight Activities. Our practice may disclose your child's IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

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3. Lawsuits and Similar Proceedings. Our practice may use and disclose your child's IIHI in response to a court or administrative order, if you or your child is involved in a lawsuit proceeding. We also may disclose your child's IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request to obtain an order protecting the information the party has requested.

3. Law Enforcement. We may release your child's IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)

5. Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ and Tissue Donation. Our practice may release your child's IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if your child is an organ donor.

7. Serious Threats to Health or Safety. Our practice may use and disclose your child's IIHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military. Our practice may disclose your child's IIHI if he/she is a member of the U.S. or foreign military forces and if required by the appropriate authorities.

9. National Security. Our practice may disclose your child's IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child's IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

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10. Inmates. Our practice may disclose your child's IIHI to correctional institutions or law enforcement officials if your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution who provides health care services to your child, (b) for the safety and security of the institution, and/or (c) to protect your child's health and safety or the health and safety of other individuals.

11. Worker's Compensation. Our practice may release your child's IIHI for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR CHILD'S IIHI

You have the following rights regarding your child's IIHI that we maintain for your child.

1. Confidential Communication. You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the **Privacy Officer**, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Request Restrictions. You have the right to request a restriction in our use or disclosure of child's IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's IIHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members or friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's IIHI, you must make your request in writing to the **Privacy Officer**. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the **Privacy Officer** in order to inspect and/or obtain a copy of your child's IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

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4. Amendment. You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the **Privacy Officer**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Account of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's IIHI for non-treatment, non-payment or non-operations purposes. Use of your child's IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your child's information to file their insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the **Privacy Officer**. All requests for "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the **Privacy Officer**.

7. Right to File a Complaint. If you believe your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the **Privacy Officer**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's IIHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

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Please note that we are not obligated to:

- Honor any request by you that we deem to be unreasonable to restrict the use or disclosure of your child's protected health information.
- Amend your child's protected health information if, for example, it is accurate and complete.
- Provide an atmosphere that is totally free of the possibility that your child's protected health information may be overheard by other patients and third parties.

Again, if you have any questions regarding this notice or our Notice of Privacy Practices, please contact **Jane Gwin, Privacy Officer, 919 Jasmine Street #100, Denver, Colorado, 80220, 303-388-4256.**