



Lone Tree Pediatrics
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**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION (PHI/HIPAA)
(Effective September, 2013)**

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

Lone Tree Pediatrics (hereinafter referred to as LTP) is required by applicable federal and state laws to maintain the privacy of your child(ren)'s health information. Protected health information (PHI) is the information we create and maintain in providing our services to your child(ren). Such information may include documentation of symptoms, examination and test results, diagnoses and treatment protocols. It also may include billing documents for those services. We are permitted by federal privacy law, the Health Insurance Portability & Accountability Act of 1996 (HIPAA), to use and disclose your child(ren)'s PHI for the purposes of treatment, payment, and health care operations without your written authorization.

Examples of Uses of Your Health Information for Treatment Purposes are:

- Our nurse(s) obtain treatment information about your child(ren) and record it in a health record. During the course of treatment, if the physician determines he/she will need to consult with a specialist in another area, he/she will share the information with the specialist and obtain his/her input.
- We may contact you by phone if we need to speak to you about a medical condition, or to remind you of medical appointments.
- We may release at any time with your verbal and/or written authorization your child(ren)'s immunization records/general health information to an outside party (i.e., camp, daycare, school).

Example of a Use of your Child(ren)'s PHI for Payment Purposes:

We submit requests for payment to your health insurance company; the health insurance company requests PHI from us regarding medical care provided to your child(ren). We will provide this PHI to them.

Examples of a Use of your Child(ren)'s PHI for Health Care Operations:

We may use or disclose your child(ren)'s PHI in order to conduct certain business and operational activities such as quality assessment activities, to review employee activities, or to assist in the training of interns. We may share PHI about your child(ren) with our business associates, who perform these functions on our behalf, as necessary to obtain these services.

Other Examples:

We may use or disclose your child(ren)'s PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use or disclose PHI for activities such as sending you a newsletter about our practice and the services we offer. You may contact us to request that these materials not be sent to you. Other uses and disclosure of your child(ren)'s PHI will only be made with your authorization, unless otherwise permitted or required by law, as described below.

Your Child(ren)'s Health Information Rights - The health and billing records we maintain are the physical property of this office. The information in them, however, belongs to you/your child(ren). You have a right to:

- Request a restriction on certain uses and disclosure of your child(ren)'s PHI. We are not required to grant the request, but we will comply with any request that we agree to grant;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our office;
- Request that you be allowed to inspect and copy your child(ren)'s health record and billing record – you may exercise this right by delivering the request to our office.
- Appeal a denial of access to your child(ren)'s PHI, except in certain circumstances.
- Request that your child(ren)'s PHI be amended to correct incomplete or incorrect information by delivering a written request to our office. We may deny your request if you ask us to amend information that either was not created by us (unless the person or entity that created the information is no longer available to make the amendment), is not part of the health information kept by the office, is not part of the information that you would be permitted to inspect and copy, or is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement.
- Request that communication of your child(ren)'s PHI be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Restrict information going to your health plan about an item or service for which you pay LTP out-of-pocket and in full for the item or service.
- Obtain an accounting of disclosures of your child(ren)'s PHI as required to be maintained by law. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in facility directory or to family members or friends relevant to that person's involvement in your child(ren)'s care or in payment for such care; or, uses or disclosures to notify family or others responsible for your child(ren)'s care of their location or their condition.
- Revoke authorizations that you made previously to use or disclose PHI by delivering a written revocation to our office (except to the extent action has already been taken based on a previous authorization.)
- If you would like to exercise any of the above rights, please contact Office Administrator at 303-798-3247 during regular business hour, or in writing. LTP will inform you of the steps needed to exercise your rights under HIPPA.

Our Responsibilities -The office is required to:

- Maintain the privacy of your child(ren)'s PHI as required by law;
- Provide you with a Notice of Privacy Practices 'Notice' as to our duties and privacy practices regarding the information we collect and maintain about your child(ren).
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you and not disclose PHI to your health plan if you request that we do not, and pay for the item/service out-of-pocket and in full. You must request this Patient Right in writing.
- We reserve the right to amend, change, or eliminate provision in our Privacy Practices and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of this Notice by calling and requesting a copy, or by visiting our office and picking up a copy.

To Request Information or File a Complaint: If you have questions, would like additional information, or would like to report a problem regarding the handling of your information, you may contact LTP. If you believe your privacy rights have been violated, you may file a complaint by delivering it in writing to LTP – Attn: Office Administrator. You may also file a complaint with the Secretary of Health and Human Services, Office for Civil Rights (OCR): OCR-US Dept of Health & Human Services, 200 Independence Ave., SW, Room 509F, HHH Building, Washington, DC 20201. Information regarding steps to file a complaint with the OCR can also be found at: www.hhs.gov/ocr/privacy/hipaa/complaints. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from this office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses and Disclosures of your PHI:

- **Communication with Family** – Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person’s involvement in your child(ren)’s care or in payment for such care if you do not object, or in an emergency.
- **Notification** – Unless you object, we may use or disclose your child(ren)’s PHI to notify, or assist in notifying, a family member, personal representatives, or other person responsible for their care about their general condition and location.
- **Future Communications** – We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our practice is participating in.
- **Website/Electronic Media** – Our website will provide information about our practice and you will be able to access information including this Notice, electronically.
- **Research** – We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your child(ren)’s PHI.
- **Disaster Relief** – We may use and disclose your child(ren)’s PHI to assist in disaster relief efforts.
- **Individuals Involved in Your Child(ren)’s Care or Payment for Their Care** – We may release PHI about your child(ren) to a friend or family member who is involved in their medical care or who helps pay for their care. In addition, we may disclose PHI about your child(ren) to an entity assisting in a disaster relief effort so that your family can be notified about your child(ren)’s condition, status and location.
- **Food and Drug Administration (FDA)** – We may disclose to the FDA your child(ren)’s PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- **Workers’ Compensation** – If your child is seeking compensation through Workers Compensation, we may disclose their PHI to the extent necessary to comply with laws relating to Workers Compensation.
- **Public Health** – As authorized by law, we may disclose your child(ren)’s PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.
- **Abuse & Neglect** – We may disclose your child(ren)’s PHI to public authorities as allowed by law to report abuse or neglect.
- **Employers** – We may release PHI about your child to their employer if we provide health care services to them at the request of their employer, and the health care services are provided

either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether your child has a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your child's employer. Any other disclosures to your child's employer will be made only if you execute a specific authorization for the release of that information to their employer.

- **Enforcement** – We may disclose your child(ren)'s PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.
- **Health Oversight** – Federal law allows us to release your child(ren)'s PHI to appropriate health oversight agencies or for health oversight activities.
- **Judicial/Administrative Proceedings** – We may disclose your child(ren)'s PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.
- **Serious Threat** – To avert a serious threat to health or safety, we may disclose your child(ren)'s PHI consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- **For Specialized Government Functions** – We may disclose your child(ren)'s PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel
- **Correctional Institutions** – If you are an inmate of a correctional institution, we may disclose to the institution or its agents the PHI necessary for your child(ren)'s health and the health and safety of other individuals.
- **Coroners, Medical Examiners, and Funeral Directors** – We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary for them to carry out their duties.

Other Notices: Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization. You may revoke any authorization at any time, as previously provided in this Notice under "Your Health Information Rights".

Changes to this Notice: We reserve the right to change this Notice. The revised or changed Notice will be effective for PHI we already have about you as well as any PHI we receive in the future. In addition, each time you visit the practice for treatment or health care services, we will have available a copy of the current notice in effect.

Other Uses of Medical Information: Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about your child(ren), you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about your child(ren) for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child(ren).