

## INTERMOUNTAIN PEDIATRIC CLINIC

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact our Office Manager at (801) 355-4316 - 508 East South Temple Suite 310, Salt Lake City, UT 84102

#### ***WHO WILL FOLLOW THIS NOTICE***

This notice describes information about privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by healthcare providers you consult with by telephone (when your regular healthcare provider from our office is not available) who provide “call coverage” for your healthcare provider.

#### ***YOUR HEALTH INFORMATION***

This notice applies to the information and records we have about your/your child's health, health status, and healthcare and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you/your child and describes your rights and our obligations regarding the use and disclosure of that information.

#### ***HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU/YOUR CHILD***

We must have your written, signed consent to use and disclose health information for the following purposes:

**FOR TREATMENT:** We may use health information about you/your child to provide you/your child with medical treatment or services. We may disclose health information about you/your child to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you/your child and your/your child's health.

For example, your doctor may be treating you/your child for an illness and may need to know if you/your child have other health problems that could complicate your/your child's

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treatment. The doctor may use your/your child's medical history to decide what treatment is best for you. The doctor may also tell another doctor about your/your child's condition so that doctor can help determine the most appropriate care for you

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your/your child's pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers may be part of your/your child's medical care outside this office and may require information about you that we have.

***FOR PAYMENT***

We may use and disclose health information about you/your child so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you/your child received here so your health plan will pay us or reimburse you for the service. We may also tell your/your child health plan about a treatment you/your child are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

***FOR HEALTHCARE OPERATIONS***

We may use and disclose health information about you/your child in order to run the office and make sure that you /your child and other patients receive quality care. For example, we may use you/your child's health information to evaluate the performance of our staff in caring for you/your child. We may also use health information about all or many of your patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

***APPOINTMENT REMINDERS***

We may contact you as a reminder that you/your child has an appointment for treatment or medical care at the office.

***TREATMENT ALTERNATIVES***

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

***HEALTH-RELATED PRODUCTS AND SERVICES***

We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment payment or healthcare operations, and we may therefore choose to discontinue providing you/your child with healthcare treatment and services.

### ***SPECIAL SITUATIONS***

We may disclose health information about you/your child without your permission for the following purposes, subject to all applicable legal requirements and limitations:

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose health information about you/your child when necessary to prevent a serious threat to you/your child health and safety or the health and safety of the public or another person.

***Required by Law.*** We will disclose health information about you/your child when required to do so by federal, state or local law.

***Research.*** We may use and disclose health information about you/your child for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your/your child's care at the office.

***Organ and Tissue Donations.*** If you/your child are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate such donation and transplantation.

***Military, Veterans, National Security and Intelligence.*** If you/your child are or were a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release

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health information about you/your child. We may also release information about foreign military personnel to the appropriate foreign military authority.

***Worker's Compensation.*** We may release health information about you/your child for workers' compensation or similar programs these programs provide benefits for work-related injuries or illness.

***Public Health Risks.*** We may disclose health information about you/your child for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with produces.

***Health Oversight Activities.*** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs and compliance with civil rights laws.

***Right to Amend.*** If you /your child believe health information we have about you/your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment complete and submit a Medical Record Amendment/Correction form to (office manager)

In addition, we may deny your request if you as us to amend information that:

- a. We did not create, unless the person or entity that created the information is no longer available to make the amendment
- b. Is not part of the health information that we keep
- c. You would not be permitted to inspect and copy
- d. Is accurate and complete

***Right to Request Restrictions.***

You/your child have the right to request a restriction or limitation on the health information we use or disclose about you/your child for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you/your child to someone who is involved in your care or the payment for it, like a family member or a friend. For example, you could ask that we not use or disclose information about a treatment you/your child had.

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***We are not required to agree to your request.***

If we do agree, we will comply with your request unless the information is needed to provide you/ your child with emergency treatment.

To request restrictions, you may complete and submit the Request For Restrictions on use/Disclosure of Medical Information to (office manager).

***Right to Request Confidential Communications.***

You/your child have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication to (Office Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

***Right to a Paper Copy of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact (office manager).

***Changes To This Notice***

We reserve the right to change this notice, and to make the revised or changes notice effective for medical information we already have about you/your child as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You/your child are entitled to a copy of the notice currently in effect

***Complaints***

If you believe your/your child's privacy rights have been violated you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office contact (office manager 801-355-4316). You/your child will not be penalized for filing a complaint.

***Lawsuits and Disputes***

If you/your child are involved in a lawsuit or a dispute, we may disclose health information about you/your child in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

***Law Enforcement.***

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

***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.

***Information Not Personally Identifiable.***

We may use or disclose health information about you/your child in a way that does not personally identify you/your child or reveal who you/your child are.

***Family & Friends***

We may disclose health information about you/your child to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances based on our professional judgement that you/your child would not object. For example we may assume you agree to our disclosure of you/your child's personal health information to your family (i.e. grandparents etc) when you bring them with you into the exam room during treatment or while treatment is discussed.

***Other uses and disclosures of Health Information***

We will not use or disclose your/your child's health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you/your child, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

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If we have HIV or substance abuse information about you/your child, we cannot release that information without a special signed, written authorization (different than the authorization and consent mentioned above from you. In order to disclose these types of records for purposes of treatment, payment or healthcare operations, we will have to have both your signed consent and a special written authorization that complies with the law governing HIV or substance abuse records.

***Your rights regarding Health information about you/your child***

You have the right to inspect and copy your health information such as medical and billing records that we use to make decisions about you/your child's care. You must submit a written request in order to inspect and/or copy your/your child's health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.