

NOTICE OF PRIVACY PRACTICES

Rocky Mountain Health Centers Pediatrics, P.C.

EFFECTIVE DATE: April 14, 2003

This notice describes how health information about you 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 the Facility Privacy Official by dialing the main medical office number 303-996-9601.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This Notice applies to all of the records of your care generated by the medical office, whether made by medical office personnel, agents of the medical office, or your provider. Your health insurance, hospitals other treatment providers may have different policies or notices regarding the use and disclosure of your health information.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Uses and Disclosures:

How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information.

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other medical office personnel who are involved in taking care of you at the medical office. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the medical office also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

For Payment: we may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your visit so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may also combine health information about many patients to evaluate the need for new services or treatments. We may disclose information to doctors, nurses, and students for educational purposes. And we may combine health information we have with that of other medical offices to see where we can make improvement. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing or it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about health-related benefits or services;
- To tell you about possible treatment alternatives;
- When disclosing information, primary appointment reminders and billing/collections efforts, we may be messages on your answering machine or voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates.

Examples include billing services, answering service and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you, your insurance company or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment of Your Care:

We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Future Communication: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our facility is participating.

As required by law, we may also use and disclose health information to the following types of entities, including but not limited to:

- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Your Health Information Rights:

Although your health record is the physical property of the healthcare provider or facility that compiled it, you have the **RIGHT TO:**

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the medical office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or the medical office. We deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.

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

Request Confidential Communications: You 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 contact you at work instead of your home. The facility will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

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. If we maintain a website that provides information about our entity, this Notice will be on the website.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

Change to this Notice: We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the medical office by contacting the main number and asking for the Facility Privacy Official or with the Secretary of the Department of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, D.C. 20201. **You will not be penalized for filing a complaint.**

Others Uses: Others uses and disclosures, besides those identified in this Notice, will be made by as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."