



the CHILDREN'S CLINIC
Notice of Privacy Practices (NPP)

This notice describes how medical information about you or 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 ask for our HIPAA Compliance Officer.**

This **Notice of Privacy Practices** describes how we may use and disclose you or your child's protected health information (PHI) to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control you or your child's protected health information. Protected Health Information is information about you or your child, including demographic information, that may identify you or your child and that relates to you or your child's past, present, or future physical or mental health or condition and related health care services.

1. Your Rights

When it comes to you or your child's health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **You have the right to get an electronic or paper copy of you or your child's medical record.** This means you may request a copy of protected health information about you or your child that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you or your child. We will provide a copy or a summary of you or your child's health information, usually within 48 hours of your request. We may charge a reasonable, cost-based fee.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our HIPAA Compliance Officer if you have questions about access to you or your child's medical record.

- **You have the right to ask us to correct you or your child's medical record.** This means you may request in writing that we amend health information about you or your child that you think is incorrect or incomplete for as long as we maintain this information. We may say no to your request, but we will explain why in writing within 60 days of receiving your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our HIPAA Compliance Officer if you have questions about amending you or your child's medical record.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** This means you can ask us to contact you in a specific way (for example via an office, cell, or home phone) or to send mail to a different address. We will accommodate all reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.
- **You have the right to ask us to limit what we use or share.** This means you may ask us not to use or disclose any part of you or your child's protected health information for the purposes of treatment, payment, or healthcare operations.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.

You may also request that any part of you or your child's protected health information not be disclosed to family members or friends who may be involved in your child's care or for notification purposes as described in this *Notice of Privacy Practices*. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request and we may say no if it would affect you or your child's care. If we do agree to the requested restriction, we may not use or disclose you or your child's protected health information unless it is needed to provide emergency treatment. You may request a restriction by completing the ***Request for Restriction form***.

- **You have the right to get a list of those with whom we have shared information.** This means you can ask for a list (accounting) of the times we have shared you or your child's health information for six years prior to the date you ask and why we shared that information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in you or your child's care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **You have the right to obtain a paper copy of this notice from us.** Please ask any of our receptionists for a copy of this notice at any time and we will provide you promptly with a paper copy.
- **You have the right to choose someone to act for you.** If you have given someone medical power of attorney for you or your child, that person can exercise you or your child's rights and can make choices about you or your child's health information. We will make sure the person has this authority and can act for you or your child before we take any action.
- **You have the right to file a complaint if you believe your privacy rights have been violated by us.** You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. **We will not retaliate against you for filing a complaint.** Please ask at our front desk for the contact information of our HIPAA Compliance Officer.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

2. Our Responsibilities

- We will not use or share you or your child's information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We are required by law to maintain the privacy and security of you or your child's protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of you or your child's information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will never share any substance abuse treatment records without your written permission.

3. Our Uses and Disclosures

A. **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED ON YOUR WRITTEN CONSENT**

You will be asked by one of our staff to sign a consent form. Once you have consented to use and disclosure of you or your child's protected health information for treatment, payment, and health care operations, your physician will use or disclose you or your child's protected health information as described in this section. You or your child's protected health information may be used and disclosed by your provider, our office staff, and others outside of our office that are involved in you or your child's care and treatment. You or your child's protected health information may also be used and disclosed to pay health care bills and to support the operation of the provider's practice.

How do we typically use or share your child's health information?

The following are examples of the types of uses and disclosures of protected health care information that the provider's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose health information to provide, coordinate, or manage you or your child's health care and any related services. This includes the coordination or management of health care with a third party that has already obtained your permission to have access to you or your child's protected health information. For example, we would disclose protected health information to other physicians who may be treating you or your child when we have the necessary permission from you to disclose you or your child's protected health information. For example, protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your clinic provider, becomes involved in you or your child's care by providing assistance with you or your child's health care diagnosis or treatment. This includes immunization records you might want sent elsewhere.

Payment: You or your child's protected health information will be used to obtain payment for you or your child's health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend. Examples include:

making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Obtaining approval for a hospital stay, for example, may require that you or your child's relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

We may also call you or your child by name in the waiting room when the provider is ready to see you/them. We may also use or disclose protected health information to contact you to remind you of you or your child's appointment. By signing the HIPAA consent form, you understand that The Children's Clinic will send text message appointment reminders to the primary cell number listed on you or your child's account, or to the primary landline number if no cell phone number is provided. ***You may opt out of one or both types of appointment reminders by notifying any receptionist of your preference.***

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your child's protected health information, we will have a written contract that contains terms that will protect the privacy of you or your child's protected health information.

We may use or disclose you or your child's protected health information 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 and disclose you or your child's protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. Such products or services may include reminders to schedule well child appointments, immunizations, medication recheck appointments, or other types of appointments. These reminders may be sent via phone, email, or text message at the discretion of the Clinic. ***You may request that these reminders not be sent to you by notifying any receptionist of your preference.***

In rare instances, we may use or disclose you or your child's demographic information and the dates that you or your child received treatment from your provider in order to contact you for fundraising activities supported by our office. ***If you do not want to receive these materials, please contact our HIPAA Compliance Officer and request that these fundraising materials not be sent to you.***

Electronic Medical Record System: The Children's Clinic and other affiliated hospitals and providers are maintaining electronic medical records that are shared with each other as necessary to carry out related treatment, payment and health care operations. The electronic medical record helps primary care physicians, specialists and hospitals know a patient's entire health history, drugs that have been prescribed and test results. To improve the overall quality, safety and cost of care, we may share the same electronic medical record with hospitals, clinics and physicians.

B. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that you or your child's provider or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

What are the other permitted and required uses and disclosures that may be made with your consent, authorization, or opportunity to object?

We may use and disclose protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of you or your child's protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in you or your child's best interest. In this case, only the protected health information that is relevant to you or your child's health care will be disclosed.

Others Involved in Your Child's Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, you or your child's protected health information that directly relates to that person's involvement in you or your child's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in you or your child's best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for you or your child's care of you or your child's location, general condition, or death. Finally, we may use or disclose you or your child's protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in you or your child's health care.

Emergencies: We may use or disclose you or your child's protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you or your child and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose you or your child's protected health information to treat you or your child.

Communication Barriers: We may use and disclose you or your child's protected health information if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment that you intend to consent to use or disclosure under the circumstances.

C. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose you or your child's protected health information in the following situations without your consent or authorization:

- **Required By Law:** We may use or disclose protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the

law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

- **Public Health:** We may disclose protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose you or your child's protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may disclose protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect:** We may disclose protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose protected health information if we believe that your child has been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects, biologic product deviations, or other related problems to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes as required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Protected health information may also be used and disclosed for cadaver organ, eye, or tissue donation purposes.
- **Research:** We may disclose protected health 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 protected health information.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your child's eligibility for benefits, or (3) to foreign military authority if your child is a member of that foreign military services. We may also disclose your child's protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** You or your child's protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Inmates:** We may use or disclose protected health information if you or your child is an inmate of a correctional facility and your physician created or received you or your child's protected health information in the course of providing care to you or your child.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

4. **Changes to the terms of this Notice**

We may change the terms of our notice, at any time and the changes will apply to all information we have about you. The most up to date notice will always be available on our website and also available in the clinic, upon request.

We are required by law to abide by the terms of this Notice of Privacy Practices in order to maintain the privacy of your protected health information. If you have any questions in reference to this policy or you or your child's protected health information, please ask to speak with our HIPAA Compliance Officer in person or by phone at (406-281-8700) for further information about the complaint process.

This notice was updated, published, and becomes effective on **January 1, 2017.**