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## HIPAA Policy (Revised 1/1/11)

This notice describes how medical 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, please contact Ronda Fisher, Office Manager, Ptarmigan Pediatrics, LLC. See also (45 CFR 164.522) -- <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

### Introduction

The Health Insurance Portability and Accountability Act (HIPAA) became effective on April 14, 2003. Under this Act we are required to share this Notice of Health Information Practices with you. It describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

At Ptarmigan Pediatrics we are committed to treating and using your protected health information responsibly, balancing your right to privacy with our need to provide you optimal health care. Our privacy policy basically states that patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately or as required by law. This specifically allows for the sharing of information with other healthcare providers, laboratories, and health insurance payers as is necessary and appropriate for your care. We use a secure electronic medical record to store patient files. During the normal course of providing care your records may be visible, at least temporarily, on computer screens in administrative areas such as the front office, nurse's station, or examination rooms.

### How We May Use and Disclose Your Health Information

Your Protected Health Information may be shared in the following ways as provided by law. Any exceptions require your written permission, which may be revoked at any time by writing to us at the above address.

**Treatment & Health Care Operations.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services or to improve our health care abilities for you. **For example**, we may disclose your health information via referrals to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. We may share your information with a peer-review organization that is evaluating our care.

**Financial Considerations.** We may use and disclose your health information to bill and receive payment from you or the responsible party, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** It is the policy of this clinic to remind you of appointments with us. We may do this by telephone / answering machine message, email, U.S. mail / postcard, or by any means convenient for the practice and/or as requested by you. A secure internet "patient portal" may be used to provide you with access to your health care services or possible treatment alternatives.

**Research / Marketing.** We may use and disclose your health information for advertising, and marketing in a summary-only manner, without identifying demographic information. We may also use your information to support external or internal research on matters of medical importance provided that an authorized governing body certifies that your health information will remain private.

**Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, our computer technical support crew will have access to your information while working on our medical record software. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

**Public Health Risks / Threats to Safety.** We may disclose your health information for public health activities to prevent or control disease, injury or disability or prevent a serious threat to the health and safety of you, another person, or the public. We may use your health information in reporting births or deaths, suspected child abuse, neglect, or domestic violence, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will make such disclosures only when you agree or when required or authorized to do so by law.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary to for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**As Required by Law.** We will disclose your health information when required to do so by international, federal, state or local law. For example, if you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process as required by law.

**Law Enforcement.** We may release your health information to law enforcement officials if... 1) there is a court order, subpoena, warrant, summons or similar process; 2) the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

**National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

## **Your Rights Regarding Your Health Information**

Written requests exercising your rights as described below will be honored within three (3) business days.

**Access.** You have the right to inspect and copy your medical and billing records.

**Amendment.** You have the right to request an amendment to your medical records. This request must be in writing. If your Physician denies your amendment request you may make a written statement of disagreement, and will receive a copy of the Physicians rebuttal to your statement.

**Disclosure Accounting.** You have a right to know or receive information on who we have disclosed your information to. Requests for such disclosures must be submitted in writing.

**Restriction Request.** You have the right to ask us not to use or disclose any part of your protected health information . This includes restriction or limitation on your health information used for treatment, payment or health care operations, as well as limitations on disclosures to someone involved in your care or in payment for your care (such as a spouse) by written request to Ptarmigan Pediatrics, LLC. We are not required to agree with your request, but we will try to comply.

**Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and be addressed to Ptarmigan Pediatrics, LLC. We will accommodate reasonable requests.

## **Changes to this Notice**

The terms of this notice apply to all records containing your individually identifiable health information that are created or retained by our practice. We reserve the right to amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times. We will also post the most recent revision on our website: [www.ptarmiganpediatrics.com](http://www.ptarmiganpediatrics.com). You may request a copy of our most current Notice at any time.