



## Notice of Privacy Practices Integrative Pediatric Health Care

Effective Date: 11/01 /2015

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 about this notice, please contact the Privacy Official at IPHC by phone (720 442-3615) or email - admin@IPHCDenver.com

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, diagnosis, 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 practice, whether made by practice personnel, agents of the practice, or your personal doctor.

### 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 and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### Uses and Disclosures

How we may use and disclose Medical Information about you.

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to nurses, technicians, medical students, other physicians, and/or hospital personnel who are involved in your care. For example: a specialist treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also provide other healthcare providers with copies of various reports that should assist him or her in treating you.

**For Payment:** We may use and disclose medical 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 care 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 staff 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 combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other practices, Health Information Exchange providers or hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy. We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To determine prescription benefits or immunization status
- To contact you as part of fund raising efforts;
- To inform Funeral Directors consistent with applicable law;



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- For Population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include services for radiology, laboratory testing, and transcription services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** We may include certain limited information about you in the hospital directory while you are a patient at a hospital. The information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the Opt Out Form from the admission staff or Facility Privacy Official.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical 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 medical 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.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications:** 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 our practice is participating in.

**Organized Health Care Arrangement:** This practice is presenting you this document as a notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Affiliated Covered Entity:** Caregivers at other facilities or practices may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the facility or practice Privacy Official for further information on the specific sites included in this affiliated covered entity.

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

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

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

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

### Your Health Information Rights

Although your health record is the physical property of the practice practitioner or facility that compiled it, you have the Right to:



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**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this is medical and billing records, but does not include psychotherapy notes or other notes, which we are legally forbidden to disclose. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by the practice 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.

**Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor and materials associated with copying and/or transmitting the electronic record.

**Right to Get Notice of a Security Breach:** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 10 days after we discover the breach. "Unsecured Protected Health Information" is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information where you can ask questions and get additional information.

**Amend:** If you feel that medical 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 for the practice. We may 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 the disclosures we make of medical information about you.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical 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 visit that you had.

**Out-of-Pocket Payments:** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**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 emergency treatment.

**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. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

**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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: [www.IPHCDenver.com](http://www.IPHCDenver.com). To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

### CHANGES 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. The current notice will be posted on the practice's website and include the effective date. 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.



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### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the main number and asking for the practice Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us, including psychotherapy notes, disclosure for marketing purposes and disclosures that constitute the sale of PHI will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you 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 you.

### PRIVACY OFFICIAL

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