

TREASURE VALLEY PEDIATRICS

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you/your dependents may be used and disclosed and how you can get access to the information.

Please review it carefully.

USES AND DISCLOSURES

Treatment.

Your/your dependents health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. *For example, when we admit you/your dependent to the hospital, we will share your health care information with personnel of that hospital. The hospital will have a privacy and confidentiality policy like this one. If you have questions about their policy, you should ask them.*

We will also share your/your dependents health care information with other people associated with your/your dependents care at our office. *These include: family members you/your dependents involve in your/your dependents care, friends you/your dependents choose to include in your/your dependents care, other caregivers you/your dependents choose to involve in your/your dependents care, other parties actively involved in your/your dependents care.*

Payment.

Your/your dependents health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. *For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.*

Health Care Operations.

Your/your dependents health information may be used as necessary to support day to day activities and management of Treasure Valley Pediatrics. *For example, information on the services you/your dependents received may be used to support budgeting, financial reporting, and activities to evaluate and promote quality.*

Law Enforcement.

Your/your dependents health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting.

Your/your dependents health information may be disclosed to public health agencies as required by law. *For example, we are required to report certain communicable diseases to the state's public health department.*

Appointment Reminders.

Your/your dependents health information may be used and disclosed to remind you of appointments you have made in our office or elsewhere.

Information About Treatments.

Your/your dependents health information may be used to send you information on the treatment and management of your/your dependents medical condition that you may find to be of interest.

Other Uses and Disclosures Require Your Authorization.

Disclosures of your/your dependents health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your/your dependents information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

INDIVIDUAL RIGHTS

You/your dependents have certain rights under the federal privacy standards. These include:

- 1) The right to inspect and copy your health care information, or that of an individual for whom you are a legal guardian.
 - a) If you wish to examine your/your dependents health care information, you will need to complete and submit the form shown as Exhibit A of this policy. Additional copies are available separately.
 - b) After we receive the form, we will determine whether to permit you to examine your/your dependents health care information. In some cases, we may refuse to permit you to do so. Examples of reasons why we would refuse include, but are not limited to, the following: A determination that to do so might harm you, or might harm another person.
 - c) Unless we decide to refuse permission to review you/your dependents health care information, we will make an appointment with you to review the information. You will do so in a private room, with a member of our staff to assist you. We may charge a fee for this service.
 - d) While reviewing the information, you will have the right to make a copy of part or all of your/your dependents health care information. We may charge a fee for this service.

- 2) The right to request restrictions on the use and disclosure of your/your dependents protected health information.
 - a) If you wish to do so, write a letter describing your concerns and wishes to your/your dependents physician or to our Privacy Officer.
 - b) We are not obligated to acquiesce to your request. However, if we do agree, we will comply with your requests in all subsequent decisions to use and disclose your/your dependents health care information.
- 3) The right to receive confidential communications concerning your/your dependents medical condition and treatment.
 - a) In general, we will not disclose your health care information except as described above. If, however, you wish us to restrict further the parties who will have access to your/your dependents information, write a letter describing your concerns and wishes to your/your dependents physician or to our Privacy Officer
 - b) We are not obligated to acquiesce to your request. However, if we do agree, we will comply with your requests in all subsequent decisions to use and disclose your/your dependents health care information.
- 4) The right to amend or submit corrections to your/your dependents protected health information.
 - a) To request an amendment to your/your dependents health care information, complete and submit the form shown as Exhibit B of this policy. Additional copies are available separately.
 - b) We will review your request to amend your/your dependents record. We may decide to deny the amendment. Examples of reasons why we would refuse include, but are not limited to, the following: If we feel it is false or misleading, or could harm you or some other person.
 - c) If we accept your amendment, we will attach it as a permanent document in your/your dependents health care record. If you make reference, individually and specifically, to specific documents in your/your dependents health care record, we will append a note to each such document referring a future reader to your amendment. You need to describe each document individually. If you do not identify any particular documents or simply state "all" (or some similar language), then we will add your amendment as a separate document into the chart, but not append notes to any other documents.
- 5) The right to receive and accounting of how and to whom your/your dependents protected health information has been disclosed, for non-routine disclosures.
 - a) When we refer you/your dependent to a specialist, we make a routine disclosure of your health care information that we think will be necessary and appropriate for treatment, payment and health care operations. We do not keep record of these routine disclosures.

- b) You can request a list of non-routine disclosures of your health care information we have made. We will provide you a list of these disclosures during the previous six years, beginning with April 14, 2003. To request a list of these disclosures to your health care information, complete and submit the form shown as Exhibit C of this policy. Additional copies are available separately.
- 6) The right to receive a printed copy of this notice.

TREASURE VALLEY PEDIATRICS DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

YOUR RIGHT TO COMPLAIN

You have the right of file a complaint with us about our adherence to these policies.

- 1) Your complaint should be directed to our Privacy Officer.
- 2) You can either write a letter addressed to the Privacy Officer, or complete and submit the form shown as Exhibit D of this policy. Additional copies are available separately.

You/your dependent will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT INFORMATION

The name and address of the person you can contact for further information concerning our privacy practices is:

Katie Apple
Administrator
Treasure Valley Pediatrics
1620 S Celebration Ave
Meridian, ID 83642

EFFECTIVENESS AND SUBSEQUENT MODIFICATION

We reserve the right to change this policy, and the associated procedures, without notice.