

# Crested Butte Pediatrics, LLC

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. **We are required by law to protect your health information.** We may use or disclose your child's Protected Health Information (PHI) for the following reasons:

To provide healthcare treatment for your child, to coordinate his/her healthcare, to obtain payment for services, to contact you for appointment reminders, for healthcare operations such as quality improvement and business planning and to cooperate with governing bodies.

- For example, we may discuss the fact that your child has a condition such as epilepsy or asthma with a surgeon who is going to operate on him/her.
- We may need to share some of your child's health information for billing with insurance companies or your health plan, collection agencies, credit bureaus or hospitals. For example, we may need to see if certain services are covered by your insurance.
- Another example of a time we may need to disclose PHI is to order tests at a different facility or to discuss or call in prescriptions with a pharmacy. We may need to reconcile your child's medication list and refills with a pharmacy.
- Your child's PHI may be viewed by business associates such as accountants, computer network personnel and providers or support for computer software. They are aware of the privacy policy and will have a Business Associate Agreement with our practice. They must only use your information for purposes outlined in our agreement with them.
- We may need to disclose your child's PHI in certain situations without your consent. This would be for public health reasons such as reporting a communicable disease. This could be to report abuse, neglect or domestic violence or for lawsuits granted a subpoena or law enforcement purposes. We would also disclose information if necessary to avoid a threat to the health and safety of others.

You may inspect, request a copy of, or amend your child's PHI and you may request an accounting of specific non routine disclosures. To do so, we will need your request in writing, There may be a fee and you may need to explain the reason for your request. You may amend records you feel are incorrect or incomplete. In certain circumstances, your request may be denied.

We will abide by the terms of this document and we will maintain your privacy with notice of our legal duties and privacy practices. This notice has been first printed and put into practice on July 30th, 2017. You may request a copy of a current notice at any time as it may be revised in the future. Please contact Dr. Jennifer Sanderford 970-349-3333 if you have questions regarding this notice.

ANY OTHER USES OF **PHI** REQUIRE YOUR WRITTEN CONSENT AND YOU MAY REVOKE AUTHORIZATION FOR ITS USE AT ANY TIME. YOU HAVE THE RIGHT TO REQUEST THAT WE RESTRICT DISCLOSURES, BUT IN CERTAIN SITUATIONS WE ARE NOT REQUIRED TO AGREE.

YOU HAVE THE RIGHT TO FILE A COMPLAINT TO OUR PRACTICE OR TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES ABOUT OUR PRIVACY PRACTICES AND WE WILL NOT TAKE ACTION OR CHANGE OUR TREATMENT OF YOU.