

HIPPA Privacy Policy

Parker Pediatrics and Adolescents has always protected the confidentiality of health information by sealing medical records away in file cabinets and refusing to reveal your information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information.

The federal government has published regulations designed to protect the privacy of your health information. This “privacy rule” protects health information that is maintained by physicians, hospitals, other health care providers and health plans.

All health information, including paper records, oral communications, and electronic formats (such as e-mail) are protected by the privacy rule.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. We also take precautions in our office to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask your physician or our privacy officer about exercising your rights or how your health information is protected in our office.

The Notice of Private Practices below explains our privacy practices. It contains very important information about how your confidential health information is handled in our office. It also describes how you can exercise your rights with regard to your protected health information.

USES AND DISCLOSURE OF HEALTH INFORMATION

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Parker Pediatrics and Adolescents uses and discloses your protected health information for treatment, payment, and health care operations. Such examples of when our office may use or disclose your health care information for these purposes include:

- Sharing test results with other health care providers for confirmation of a diagnosis;
- Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide;
- Reviewing information as part of our quality improvement program.

OTHER USES AND DISCLOSURES

Parker Pediatrics and Adolescents may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with the information related to your health;
- Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- Incidental uses of disclosures (e.g., listing your name on a sign-in sheet, etc.);
- Compliance with all laws (including reports of suspected abuse, neglect, or violence);
- Providing certain specified information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization.
- When necessary to avert a serious threat to health or safety;

- Military affairs, veterans affairs, national security intelligence, Depart of State, or presidential protective service activities;
- Providing information regarding your location, general condition, or death to public or private disaster relief agencies; or
- Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general condition, or death;
 - To assist in your health care (e.g., pick-up prescriptions or other documents, note follow-up care instructions, etc.).

AUTHORIZATION FOR OTHER USES

Parker Pediatrics and Adolescents will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, Parker Pediatrics and Adolescents is not obligated to agree to requested restrictions.
- Receive confidential communications of protected health information.
- Inspect and copy your protected health information with some limited exceptions.
- Amend your health information;
- Receive an accounting of disclosures of your health information;
- Obtain a copy of this notice.

PARKER PEDIATRICS AND ADOLESCENTS DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Parker Pediatrics and Adolescents has certain duties related to your protected health information, including:

- Parker Pediatrics and Adolescents is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- Parker Pediatrics and Adolescents is required to abide by the terms of the privacy notice that is currently in effect.
- Parker Pediatrics and Adolescents reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

CONCERNS

If you believe your privacy rights have been violated, you may make a complaint by contacting Susie DeVere, Office Administrator/Privacy Officer, at 10371 Parkglenn Way, Suite 100, Parker, CO 80138, (303) 841-2905, or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.