

Allied Pediatric Specialists

HIPPA/PRIVACY NOTICE/CROSS-DISCIPLINARY CONSENT

HEALTH INFORMATION PRIVACY NOTICE

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.

1. About Protected Health Information – “PHI”: In this notice, “We” “Our” or “Us” means Allied Pediatric Specialists and our workforce of employees, students and volunteers. “You” and “Your” refers to each of our patients and clients who is entitled to a copy of this notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect health information about you in the manner that we describe here. Certain types of health information may specifically identify you. Because we must protect this health information, we call this Protected Health Information – or “PHI”. In this notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

2. Some of the ways we use or disclose your Protected Health Information: We will use your PHI to treat you. We will use your PHI and disclose it to get paid for your care. We are allowed to use or disclose your PHI for certain activities that we call “healthcare operations”. Health care operations involve a lot of the administration, education and quality assurance activities in our facility. We will give you examples of each of these to help explain them, but space does not permit a complete list of all uses or disclosures. That is one reason why you can contact us and ask us questions.

Treatment

We use and disclose your PHI in the course of your treatment. For example if you are in our facility, we may test your strength and range of motion. A physical therapist will perform your test and share the report with your doctor. We may also use or disclose your PHI for many other types of treatment activities:

Payment

After we treat you, we will ask your insurer to pay us. We may type some of your PHI into our computers and send a claim to your insurer. Here, we use your PHI to tell your insurer what type of health problem you had and what we did to treat you. Your insurer may ask us to give them your membership number in your employer’s health plan, or your insurer may want to review your medical record to be sure that your care was necessary. When we use and disclose your PHI this way, it helps us to get paid for your care and treatment.

Health Care Operations

We also use and disclose your PHI in our health care operations. For example, our speech therapists meet periodically to study medical records to monitor the quality of care in our facility. Your medical record and PHI could be used in these quality assessments.

Sometimes, we may train therapy students in our facility and use the PHI of real patients to test them on their skills. Other operational uses or disclosures may involve business planning for our facility, or the resolution of a complaint.

Special Uses

- We also use or disclose your PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to:
- Remind you that you have an appointment with us for treatment.
- Tell you about treatment alternatives and options.
- Tell you about our other health benefits and services.
- Your authorization may be required

In many cases, summarized here, we may use or disclose your PHI either with your consent or as required or permitted by law. In all other cases, we must ask for, and you must agree to give, a written authorization that has specific instructions and limits on Our use or disclosure of Your PHI. If you later change your mind, you may revoke your authorization.

3. Certain Uses and Disclosures of Your PHI that are Required or Permitted by Law: Many laws and regulations apply to us that affect your PHI. These laws and regulations may either require us or permit us to use or disclose your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures:

- If You do not verbally object, We may share some of your PHI with a family member or friend involved in your care.
- We may use your PHI in an emergency when you are not able to express yourself.
- If we receive certain assurances that protect your privacy, we may use or disclose your PHI for research
- We may also use or disclose your PHI
- When required by law; for example, when ordered by a court to turn over certain types of Your PHI, we must do so.
- To report neglect, abuse or domestic violence.
- To the government regulators or its agents to determine whether we comply with applicable rules and regulations.
- In judicial or administrative proceedings such as in response to a valid subpoena.
- When properly requested by law enforcement officials, or for other legal requirements.
- If you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
- For multidisciplinary care of other FRPTA therapists or affiliates for the purpose of treatment planning or or referrals (Behavior, Occupational, Physical, Speech, Psychology, Audiology, Vision, Counseling, etc.)

4. Your Privacy Rights and How to Exercise Them: You have specific rights under our federal required privacy program. Each of them is summarized here:

A. Your Right to Request Limited Use or Disclosure

You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

B. Your Right to Confidential Communication

You have the right to receive confidential communications from us at a location that you provide. We require that you make your request in writing, provide us with the other address, and explain to us if the request will interfere with your method of payment for your care.

C. Your Right to Revoke Your Consent or Authorization

If you have granted us your consent or authorization to use or disclose your PHI, You may revoke the consent or authorization in writing. However, if we have relied on your consent or authorization, we may use or disclose your PHI to that extent.

D. Your Right to Amend Your PHI

If you disagree with what your PHI in our records says about you, you have the right to request in writing that we amend your PHI when it is in a record that we create or have maintained for us. We are not required to respond to your request if the records you are asking about are not our records. We may refuse to make your requested amendment. Then, you will have a right to submit a written statement about why you disagree. If we still disagree, we may prepare a counter-statement. Your statement and our counter- statement must be made part of our record about you.

E. Your Right to Know Who Else Sees Your PHI

You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six years. You cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment and health care operations as described above. There is no charge for an annual accounting but there may be for additional accountings. We will tell you if there is a charge for your accounting and you will have the right to withdraw your request, or to pay to proceed.

F. Your Right to Complain

If you believe that your privacy rights have been violated, you have the right to make a complaint to us, or to the secretary of Health and Human Services. We will not retaliate against you if you file a complaint about us. To file a complaint, you should submit in writing to the contact person identified in this notice. Your complaint should provide a reasonable amount of specific detail to enable us to investigate a potential problem.

5. Some of Our Privacy Obligations and How We Perform Them. We are required to comply with the federal health information privacy regulations. Those rules require us to protect your PHI. Those rules also require us to give you notice of our privacy practices. This document is our notice. If you did not get a paper copy of this notice, you may have one. We will abide by the privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law.

6. Contact Information

If you have questions about this notice, or if you have a complaint, please contact:

Name: Genesis Campos
Title: Privacy & Compliance Officer
Phone: (970) 702-2998

7. Effective Date: This notice takes effect on January 1, 2018

I acknowledge I have read and understand my privacy rights.

Patient/Guardian Signature Date

Witness Date