

Notice of Privacy Practices

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.

Uses and Disclosures

Treatment. Your 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, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your 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 health information may be used as necessary to support the day-to-day activities and management of Pediatric Care of Ogden. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your 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 public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your 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 to revoke your authorization.

Additional Uses of Information

Information about treatments. Your health information may be used to send you information that Pediatric Care of Ogden may find necessary on the treatment and management of your medical condition.

Individual Rights

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

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Pediatric Care of Ogden 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 also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Receptionist or The Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

The Privacy Official
Pediatric Care of Ogden
1740 Combe Rd. Suite 5
South Ogden, Utah 84403

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

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

Contact Person

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

Office Manager
Pediatric Care of Ogden
1740 Combe Rd. Suite 5
South Ogden, Utah 84403
801-621-1701

Effective Date

This Notice is effective on or after April 14, 2003.

Standard Authorization of Use and Disclosure of Protected Health Information

Patient Name _____

Date of Birth _____

Information to be used or disclosed

The information covered by this authorization includes:

Medical and health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

- A basis for planning my care and treatment.
- A means of communication among the health professionals who contribute to my care.
- A source of information for applying my diagnosis and treatment information to my bill.
- A means for a third-party payer to verify that services were billed as actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Pediatric Care of Ogden
1740 Combe Rd. Suite 5
South Ogden, Utah 84403

Persons to Whom Information May be Disclosed

To whom the information described above may be disclosed is covered thoroughly in the Notice of Privacy Practices. Your signed acknowledgment of receipt is filed in the patients chart.

Expiration Date of Authorization

This authorization is effective until the patients 18th birthday unless revoked or terminated earlier by the patient or the patients personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Pediatric Care of Ogden. You should contact the Privacy Official to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Pediatric Care of Ogden discloses it to another party.

Rights of the Individual

- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization

Effect of Refusing Authorization

If you refuse to sign this authorization, Pediatric Care of Ogden will not deny you any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure to others. I request the following restrictions to the use and/or disclosure of my health information:

- NONE
- Detailed Request _____

Signature of Patient Representative

Relationship to Patient

Date

Acknowledgement of Receipt of Notice of Privacy Practices

Pediatric Care of Ogden reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for
Pediatric Care of Ogden

Name of Patient (Print or Type)

Date

OFFICE USE ONLY

Approved by:

Date:

Signature of Patient Representative

Relationship to Patient

(required if the patient is a minor or an adult who is unable to sign this form)