

McKenzie Pediatrics

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.

If you have questions about this notice, please call and ask for our Privacy Officer at 541-726-4100, or write to 1442 South A Street, Springfield, OR 97477.

Who will follow this notice?

This notice describes the information privacy practices followed by our physicians, employees and other office personnel.

Your Child's Health Information

This notice applies to the information and records we have about your child's health status, and the health care and services your child receives at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you child and describes your rights and our obligations regarding the use and disclosure of this information.

For Treatment:

We may use health information about your child to provide your child with medical treatment or services. We may disclose health information about your child to physicians, medical or office staff from our office or other offices, technicians, hospital staff, or other people who are involved in taking care of your child and your child's health.

Different personnel in our office may share information about your child and disclose information to people who do not work in our office in order to coordinate care, such as phoning in prescriptions to you child's pharmacy, scheduling tests at other healthcare facilities, or referring your child to a specialist for care.

If you or another entity request that we provide copies of your child's records and the request is not specific, we will send copies of the past clinical notes, tests and lab reports.

Appointment Reminders:

We may use or disclose your child's health information for purposes of contacting you to remind you of your child's health care appointment.

For Payment:

We may use and disclose your child's health information about your child so that the treatment and services rendered at our office may be billed to, and payment may be collected from, an insurance company or other party.

For Health Care Operations:

We may use and disclose your child's health information about your child in order to run our office and make sure that your child and other patients receive quality care.

Special Situations:

We may use and disclose your child's health information about your child without your permission for the following purposes, subject to all applicable legal requirements and limitations:

- **To avert a serious threat to health or safety**, or a threat to the health and safety of the public or another person
- **As required by federal, state or local law.**
- **Public Health Risks:** We may disclose health information about your child for public health reasons in order to prevent or control disease, injury to disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Lawsuits or disputes:** If your child is involved in a lawsuit or dispute, we may disclose health information about your child in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about your child in response to a subpoena.
- **Information not Personally Identifiable:** We may use or disclose health information about your child in a way that does not personally identify your child or reveal who your child is.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release health information to a coroner or medical examiner as necessary. For example, to identify a deceased person or to determine cause of death.
- **Family and Friends:** We may disclose health information about your child to a family member if you are physically present and ask us to do so. For example, if you bring a family member or friend into an exam room, we will assume we have your permission to talk to you or that person regarding your child's health and care needs. We will not disclose your child's health information to a friend or family member unless you are present and agree to the disclosure. If you desire us to communicate with a friend or family member about your child's health information in your absence, we will require written permission from you. However, if a friend or family member brings your child to our facility for emergency care and you are unavailable, we will keep that person informed of your child's status and progress. We will also use our professional judgment to make reasonable assumptions about sharing information with that person so that the person can act on your child's behalf, for example to pick up prescriptions or medical care equipment.

Other Uses and Disclosures of Health Information

We will not use or disclose your child's health information for any purposes other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization to disclose information about your child that is not related to treatment, payment or operations. We will require you to fill out our Authorization to Release Information Form, listing specific information you want released and to whom. You may revoke the authorization at any time, in writing, but we cannot take back any uses or disclosures that were already made with your permission.

If we have HIV, or substance abuse information about your child, we cannot release that information without specific signed, written Authorization. There is a separate place on our Authorization form to ask for your permission to release this information, and the Authorization will comply with the law governing HIV or substance abuse records.

Your Rights Regarding Health Information about Your Child

You have the following rights regarding health information we maintain about your child:

Right to Inspect and Copy: You have the right to inspect and request a copy of your child's health information, such as medical and billing records, that we use to make decisions about your child's care. You must submit a written request to our Privacy Officer in order to inspect a copy of your child's records. We will set up an appointment for this review. We will make requested and approved copies for you. Some fees may apply. We may charge additionally for mailing copies to you. We will provide the copies within 14 calendar days. Payment for copies is payable upon your written request.

We may deny your request to inspect and receive a copy of your child's health information in certain limited circumstances. If you are denied access to your child's health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare provider within our practice to review your request and our denial. The person conducting the review will not be the same person who denied your request, and will comply with the outcome of the review.

Right to Amend: If you believe health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Records Amendment/Correction Form to our Privacy Officer at the address listed above.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information we keep
- You would not be permitted to inspect a copy
- Is accurate and complete

Right to an Accounting and Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of medical information about your child for the purposes other than treatment, payment or operations, and not including disclosures for which we have your signed authorizations. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The list will be provided in written format. The first list you request within a 12 month period will be provided at no cost. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about your child's treatment, payment or health care operations.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you by mail instead of by phone. To request confidential communications, you must complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication Form to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of this Notice: We are required to give you a copy of this Privacy Policy. By initialing our form in your child's chart, you are affirming that you did receive a copy. We will give one copy to the head of household in a family. A copy of our Privacy Policy is available to any patient upon request.

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about your child as well as any information we receive in the future. You have a right to request and receive a copy of any revised or changes notices.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at the address above. **You will not be penalized for filing a complaint.**