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# Notice of Privacy Practices

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## 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.

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If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may call the Office Manager at (970) 874-2753.

### Understanding Your Health Record/Information

This Notice describes the practices of A kidZ Clinic with respect to your protected health information created while you are a patient at A kidZ Clinic.

We understand that your medical information is personal and we are committed to protecting your medical information and keeping you informed about your health information rights.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also explains your rights and our legal duties regarding the use and disclosure of medical information.

### Your Health Information Rights

You have several rights with respect to your medical information. This section briefly mentions each of these rights.

You have a right to:

- Request a paper copy of this Notice.
- Inspect and receive a copy of your health record in either paper or electronic form.
- Receive communications about your health information by alternative means (cell phone instead of letter) or at alternative locations (work instead of home). We will accommodate reasonable requests.
- Request that we limit the use and disclosure of your medical information for treatment, payment, and healthcare operations.
- Request that we restrict disclosures of your health information to persons, including family members, involved with your care and as provided by law. We will accommodate reasonable requests.
- Request an amendment of your health information you believe to be incorrect or incomplete, as provided by law. We will notify you if we are unable to grant your request to amend your health record.

- Obtain an accounting of certain disclosures of your health information as provided by law.
- Be notified of any breaches of unsecured protected health information as provided by law.
- Opt-out of receiving fundraising activities. Please contact A kidZ Clinic at (970) 874-2753 to opt-out of fundraising communications.
- Opt-out of your medical information being shared and/or viewed by other healthcare providers within the Health Information Exchange system. Should you decide to opt-out, your information will not be made available with other healthcare providers in emergency situations. Please contact the clinic to opt-out, if you choose to do so.
- Restrict the disclosure of health information to a health plan with respect to healthcare for which the individual has paid out-of-pocket and in full.
- Restrict the use and disclosure of psychotherapy notes, marketing, and the sale of your protected health information. This information may be released only upon your written authorization.

You may exercise your rights set forth in this Notice by providing a written request to the A kidZ Clinic, 360 E 8th Street Delta, CO 81416, by fax at (970) 874-6852 or by e-mail at: [kidzclinicdelta@gmail.com](mailto:kidzclinicdelta@gmail.com).

### Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information.
- Provide you with a copy of this Notice.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested amendment or restriction.
- Restrict the sale of your health information, unless authorized by you.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Disclose your health information without your written authorization (signed permission), except as described in this Notice or permitted by law.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our practices change, we are not required to notify you, but we will have the revised notice available for review at A kidZ Clinic site; and in the future on our website (currently under construction).

### Examples of Disclosures of Health Information for Treatment, Payment, Healthcare Operations and as Otherwise Allowed by Law

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories:

**TREATMENT:** We may disclose medical information about you to doctors, nurse practitioner, nurses, medical assistants, technicians, healthcare students or other personnel who are involved in taking care of you within Kids Care Clinic. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and X-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports to assist in treating you once you are discharged from care at A kidZ Clinic.

**PAYMENT:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**HEALTHCARE OPERATIONS:** We may use the information in your health record to assess the care and outcome in your case and others like it. We may also disclose information for training purposes, for learning purposes. This information is used in our ongoing effort to improve the quality and effectiveness of the healthcare and services we provide. Your health information will also be used as otherwise allowed by law.

**BUSINESS ASSOCIATES:** There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests, consulting services and data management services. To protect your health information, however, we require business associates, and their subcontractors, to take appropriate measures to safeguard your information.

**NOTIFICATION:** We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care about your location and general condition.

**RESEARCH:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**COMMUNICATIONS FOR TREATMENT AND HEALTHCARE OPERATIONS:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**MARKETING:** If authorized by you, we may use and disclose your medical information for marketing purposes. This information may be released only upon your written authorization.

**FOOD AND DRUG ADMINISTRATION (FDA):** We may disclose to the FDA your health information for the public purpose related to the quality, safety, or effectiveness of an FDA-regulated medication, product or activity (i.e. adverse event, product defect, product tracking or post marketing surveillance information to enable product recalls, repairs or replacement).

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil rights laws.

**PUBLIC HEALTH:** When required or permitted by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability or with performing other public health functions.

**ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We may disclose your health information to a governmental agency authorized by law to receive reports of abuse, neglect or domestic violence.

**JUDICIAL, ADMINISTRATIVE AND LAW ENFORCEMENT PURPOSES:** We may disclose your health information for judicial or administrative proceedings or to law enforcement as required or permitted by law, including responding to subpoenas, court orders, binding authority, or to report a crime.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose your health information in order to avert a serious threat to health or safety.

**SPECIALIZED GOVERNMENT FUNCTIONS:** We may release your health information for certain government functions, including but not limited to military and veterans' activities, national security, intelligence activities and similar governmental functions as required or permitted by law.

**CUSTODIAL SITUATIONS:** If you are an inmate in a correctional institution, we may disclose your health information to a correctional institution or law enforcement official necessary for your health and the health and safety of others.

**REQUIRED OR ALLOWED BY LAW:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

**OTHER USES OF YOUR HEALTH INFORMATION:** Other uses and disclosures of medical information not covered by this Notice or permitted by law will be made only with your written permission which may be canceled, in writing at any time.

### Complaints

If you believe your privacy rights have been violated, you may file a written complaint with us at A kidZ Clinic, Attn: Executive Director 360 E 8<sup>th</sup> Street, Delta, CO 81416, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.