

A Place to Grow Pediatrics

812 South Mustang Road ~ Yukon, Ok 73099

HIPAA NOTICE OF PRIVACY PRACTICES

Effective April 25, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD(REN) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Who will follow this notice:

- Dr. Trinity Loveless, Dr. Diana Farrow, Leslie J. Whisenhunt (nurse practitioner), & Allison Scott (physician assistant)
- All employees of A Place to Grow Pediatrics and those who provide services for A Place to Grow Pediatrics

Our pledge regarding health information: We understand that health information about your child's healthcare is personal. We are committed to protecting health information about them. We create a record of the care and services your child has receive from us. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all of the records of your child's care generated by this health care practice, whether made by the doctor or others working in this office. This notice will tell you about ways in which we may use and disclose health information about your child.

We are required by law to:

- Make sure that health information that identified your child is kept private.
- Give you this notice of our legal duties and privacy practices with respect to the health information of your child.
- Follow the terms of this notice that is currently in effect.

How we may use and disclose health information about your child: The following categories describe different ways that we may use and disclose health information. For each category of uses and disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

For treatment: We may use and disclose health information about your child so that treatment and services your child receives from us may be billed to and payment collected from you, an insurance company or a third party.

Appointment reminders: We may use and disclose health information to contact you as a reminder that your child has an appointment. Please let us know if you would like other means of notification.

Treatment alternatives: We may use and disclose protected medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you and your child.

Health Related Benefits and Services: We may use and disclose protected medical information to tell you about health related benefits or services that may be of interest to you or your child.

Individuals involved in your child's care and payment: We may release protected medical information about you to a friend or family member who is involved in your child's medical care. We may also give medical information to someone who helps pay for your child's care.

Research: Under certain circumstances, we may use and disclose protected medical information about you or your child for research purposes. We will always ask for specific permission if they will have access to your child's name, address or other information.

As required by law: We will disclose protected medical information about your child when required by federal, state, and local law.

Special situations and public health risks: We may disclose protected medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report a suspected crime
- To report child abuse or neglect
- To report vulnerable adult abuse
- To report reactions to medications and problems with products
- To notify the appropriate government authority if we believe patients have been the victim of domestic violence. We may only make this disclosure if you agree or when required by law.

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Health Oversight Activities: We may disclose protected medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, and licensure. These activities are necessary for government programs and compliance of civil rights.

Lawsuits and disputes: If you/your child are involved in a lawsuit or dispute, we may disclose protected medical information about you/your child in a response to a subpoena (request to other lawful process by someone else involved in the dispute), but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may release protected information if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process.
- To identify, locate a suspect, fugitive material witness, or missing person.
- About the victim of a crime if unable to obtain the person's agreement
- About a death we believe may be a result of criminal conduct.
- In emergency situations to report a crime, the location of a crime and the identity of the person who committed the crime.

Medical examiners and funeral directors: We may release protected medical information to a medical examiner.

National Security and Intelligence Activities: We may release protected information about your child to authorized Federal officials for intelligence and other national security activities authorized by law.

Protected Services for the President and Others: We may discuss protected medical information about your child to authorized federal officials so they provide protection to the President and other authorized persons of foreign heads of state, or to conduct special investigations.

Inmates: If you are an inmate to a correctional institution or under custody of a law enforcement official, we may release protected medical information about you to the correctional institution or official.

Your Rights Regarding Medical Information about Your child: You have the right to inspect and copy your child's medical information that may be used to make decisions about your child's care. This does not include psychotherapy notes. To inspect and/or copy you must submit a request to a member of our office in writing. The charge by statute of Oklahoma is \$0.25 per page plus the cost of postage. An x-ray image is \$5.00 per image.

Right to Amend: If you feel your child's information is incorrect or incomplete, you may ask us to amend your information. This must be in writing and submitted to the office manager. In addition, you must provide a reason that supports your amendment request.

Right to an Accounting of Disclosures: You have a right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or a certain location. To request confidential communications, you will need to request in writing to our office manager.

Right to Request Restrictions: You have a right to request a restriction or limitation on the protected medical information we use or disclose about your child for treatment, payment, or health care operation. However, we must receive your restrictions in writing before we have made such decisions. We are not required to agree with your request. If we do not agree, we will comply with your request unless the information is needed for emergency treatment.

Right to Copy of the Notice: We reserve the right to change this notice. We reserve the right to make revisions or change information as we receive it in the future. We will post a current copy in our office and it will have the effective date at the top of the notice.

Complaints: If you believe your child's 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 office manager at 405-265-3900. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Use of Medical Information: Other uses and disclosures of protected medical information not covered by this notice or the laws that apply, will be made only with your written permission. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care we have provided to your child.

I have received a Notice of Privacy Practices from the office of Dr. Trinity Loveless,
Dr. Diana Farrow, Leslie J. Whisenhunt, APRN-CNP, and Allison Scott, PA-C.

Patient/Guardian Signature: _____ Date: _____