

# Southeast Denver Pediatrics, P.C.

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## Provider 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.

We use health information about your child for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Charts and information are shared between providers working at Southeast Denver Pediatrics. Duplicate or unnecessary materials generated containing individually identifiable health information are disposed of in a manner that protects patient privacy. Continuity of care is part of treatment and your child's records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods.

We may use or disclose identifiable health information about your child without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post a new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

In most cases, you have the right to look at or get a copy of health information about your child with a written request. If you request copies, we will charge you only normal photo copy fees. Our charge is not to exceed \$14.00 for the first ten or fewer pages, \$0.50 per page for pages 11-40, and \$0.33 for every additional page thereafter. Actual postage or shipping costs are additional. You also have the right to receive a list of instances where we have disclosed health information about your child for reasons other than treatment, payment, or related administrative purposes and other than when you explicitly authorized it. If you believe that information in your child's record is incorrect or is missing, you have the right to request that we correct or add the missing information or you may submit an amendment to your medical records.

If you are concerned that we have violated your child's privacy rights, or you disagree with a decision we made about access to your child's records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon written request.

We are required by law to protect the privacy of your child's information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

If you have any questions, please contact:  
Lisa Maxwell, Practice Manager  
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