

**MOUNTAIN VIEW PEDIATRICS**  
**77 W. FOREST, STE 304 \* FLAGSTAFF, AZ 86001**  
**(928) 214-3600**

## **Notice of Privacy Practices**

This notice describes how health information about your child (as a patient of this practice) may be disclosed, and how you can get access to your child's health information. *Please read this notice carefully.*

Mountain View Pediatrics is dedicated to maintaining the privacy of your child's health information. In conducting our business, we will create records regarding your child and the treatment and services we provide to them. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's health information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

1. How we may use and disclose your child's health information
2. Your privacy rights in regard to your child's health information
3. Our obligations concerning the use and disclosure of your child's health information

**The terms of this notice apply to all records containing your child's health information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**If you have questions about this notice, please contact:: Mountain View Pediatrics, Practice Manager, 77 W. Forest, Ste 304, Flagstaff, AZ 86001 (928) 214-3600.**

**We may use and disclose your individually identifiable health information (child's health information) in the following ways:**

**1. Treatment.** Our practice may use your child's health information for treatment. For example, we may ask you to have laboratory tests (such as blood or urine tests) performed on your child, and we may use the results to help us reach a diagnosis. We might use your child's health information in order to write a prescription for them, or we might disclose your child's health information to a pharmacy when we order a prescription for them. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your child's health information in order to treat them or to assist others in their treatment. Additionally, we may disclose your child's health information to others who may assist in their care, such as your spouse.

**2. Payment.** Our practice may use and disclose your child's health information in order to bill and collect payment for the services and items they may receive from us. For example, we may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding their treatment to determine if your insurer will cover, or pay for, your child's treatment. We also may use and disclose your child's health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's health information to bill you directly for services and items.

**3. Health Care Operations.** Our practice may use and disclose your child's health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your child's health information to evaluate the quality of care they received from us, or to conduct cost-management and business planning activities for our practice.

**4. Appointment Reminders.** Our practice may use and disclose your child's health information to contact you and remind you of their appointment.

**5. Treatment Options.** Our practice may use and disclose your child's health information to inform you of potential treatment

options or alternatives.

**6. Release of Information to Family/Friends.** Our practice may release your child's health information to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

**8. Disclosures Required By Law.** Our practice will use and disclose your child's health information when we are required to do so by federal, state or local law.

## **Use and disclosure of your child's health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. We may use and disclose your child's health information by having you sign in when you arrive at our office, and we may also call out your name or your child's name when we are ready to see you
2. To public health authorities and health oversight agencies that are authorized by law to collect information
3. Lawsuits and similar proceedings in response to a court or administrative order
4. If required to do so by a law enforcement official
5. We may disclose your health information to public authorities as allowed by law to report abuse, neglect, or domestic violence
6. When necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public (we will only make disclosures to a person or organization able to help prevent the threat)
7. To federal officials for intelligence and national security activities authorized by law
8. Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant
9. To funeral directors, medical examiners, or coroners consistent with applicable law to allow them to carry out their duties (this may be necessary, for example, to identify a deceased person or determine the cause of death, we may also release health information about patients to funeral directors as necessary for them to carry out their duties)

## **Your rights regarding your child's health information**

You have the following rights regarding the child's health information that we maintain:

**1. Confidential Communications.** You have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your child's health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's health information, you must make your request in writing. Your request must describe in a clear and concise fashion:

1. The information you wish restricted
2. Whether you are requesting to limit our practice's use, disclosure or both
3. To whom you want the limits to apply

Please keep in mind that limiting or restricting disclosure of your child's health information may result in non-payment of insurance claims, and in that event all services would be billed directly to you. Also if your child is covered under AHCCCS you may not be able to restrict disclosure of their health information as long as your child participates in the AHCCCS program.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the child's health information that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your child's health information. Our practice has 10 days to comply with your request. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to your child's physician. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

1. Accurate and complete
2. Not part of the child's health information kept by or for the practice
3. Not part of the child's health information which you would be permitted to inspect and copy
4. Not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's health information for non-treatment or operations purposes. Use of your child's health information as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the receptionist.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Mountain View Pediatrics, Practice Administrator, 77 W. Forest, Suite 304, Flagstaff, AZ 86001 (928) 214-3600. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's health information for the reasons described in the authorization. Complete revocation of this authorization may result in our inability to treat your child and your children may be requested to locate another provider. Please note, we are required to retain records of your child's care.

If you have any questions regarding this notice or our health information privacy policies, please contact: Mountain View Pediatrics, Practice Administrator, 77 W. Forest, Suite 304, Flagstaff, AZ 86001 (928) 214-3600.